n and campletely filled in by the function Pages 1 and 2 should be filed within 72

STA	TE	OF	MA	RYL	ANI

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	FOR STATE REGISTRAR	DEPA		ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	79-12358
		CEASED NAME FIRST AGNES	FAY	Ata	st ve//	20. DATE OF DEATH MONT	
	3. SE	F	4 RACE W	5 DATE OF MONTH	OAY YEAR	4 AGE (IN YEARS LAST BIRTHDAY)	F UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS
of once,	7a 8i	IRTHPLACE ISTATE OR FOREIGN OUNTRY)	U.S.A.	MARRIED WIDOWED	NEVER MARRIED DIVORCED	HARFOR)	DUNTY OF DEATH
notified	HA	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR JENOTIN SUCH FACILITY, GIVE ST HARFORD	REET AGORESSI	HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	12b. KIND OF BUSINESS OR INDUSTRY
must be		AL RESIDENCE (IF NURSING HOME OF			134. INSIDE CITY LIMITS? YES NO [13. STREET ADDRESS	STREET
- Komine		John Wes	MDDLE BROWN	well.	15. MOTHER'S MAIDEN NAM SCHOL	WIGOTE	Miller
e medicol		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	tMED FORCES? 166 SOCIAL SI E WAR OR DATES) 218-31	- 4932	Pauling Ch	ester Jar	rettsville Md
tic event, th		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE IMMEDIA	TE CAUSE (o)	vicelle	ar fibre	elation,	BETWEEN ONSET, AND DEATH
ather trauma		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	(b) Hea	SENCE OF	W.D.	ial infar	2-8 years
ınjury, aı	NOI	PART 2 OTHER SIGNIFICANTS	EQUALITIONS CONTRIBUTING	TO DEATH BUT N	or related to the term	n. 1. m	ON GIVEN IN PART 1601
no swou	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATION	I WAS PERFORMED		EFFES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
Hem 18 s	EDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL		DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)
orkedor	MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	ICE, FARM, ETC.)	21f LOCATION STREET	CITTORTOWN	COUNTY STATE
n 21 is mo		sow the deceosed olive on obove, (I) (we) (did) (did no	tol) ottended the deceased fro 5-30	70	that in (my) (our) opinion (deoth occurred on the dote o	nd hour and from the causes stated
		The Signature Land	delios.	mo i	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	271. DATE SIGNED /
MPORTAN	6	THE PHYSICIAN'S NAME (TYPE OF	SPRINT)	MD	Haire	de grac	e, hed 210
3		BURIAL, CREMATION, REMOVAL	23b. DATE 2	R IA	METERY OR CREMATORY	23d. LOC ATION	COUNTY STATE

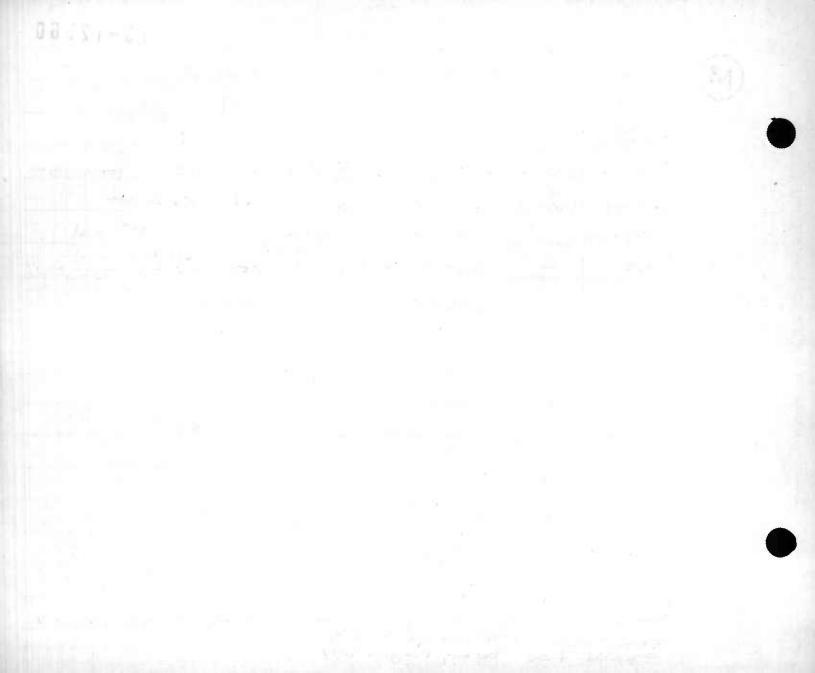
DHMH-16 20M (VRA 15, 4) 7/78

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion should be detached for use as the burial-transit permit. Then please remove carbon popers. Powith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

24. FUNERAL DIRECTOR

750 DATE REC'D. BY REGISTRAND REGISTRANDS SIGNATURE





	1			STATE OF MARTLAND		
	1	FOR STATE REGISTRAR	DEPARTA	RENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	79-12361
	I. DE	CEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
	{TYP	EVW EVW	(1)	Barnes	May	20 1979 7P
	3. SE		RACE	S DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY	F UNDER 1 YEAR IF UNDER 24 HE MONTHS DAYS HOURS MIN
^	L	Female	Black	49 22 1894		YRS
21		IRTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR C	OUNTY OF DEATH
00	10.0	ILQINIA ITY OR TOWN OF DEATH	U.S.M.	WIDOWED DIVORCED GHOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS
	HA	ure de Grace	HAT ford ME	morial Hospital	SEAMST-CS	RKING LIFE) INDUSTRY
must be	USU 130.	AL RESIDENCE (IF NURSING HOME OR OF STATE)	THE RINSTITUTION, GIVE RESIDENCE BEFORE 130. CITY OR TOW 130. CITY OR TOW	ADMISSION) 13d INSIDE CITY LIMITS? 13d INSIDE CITY LIMITS?	13. STREET ADDRESS	rior St.
exominer	14. F.	ATHER'S NAME FIRST M	IDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	Carter
	160.	DAMUE NAS DECEASED EVER IN U.S. ARM	BROWN AED FORCES? 160 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	
medical		YES, NOOR UNKNOWN) (IF YES, GIVE Y	2/8-20	4673 Hortense JA	AMYS HOUSE	de Grace
event, the		18 CAUSE OF DEATH (Enter only PART) DEATH WAS CAUSED	y one couse per line for (a), (b), an		· RILLIT	METWEEN ONSET AND DEAT
		IMMEDIATE		- jacanina	g orward	
mo#c		1360	DUE TO, OR AS A CONSEQUE	Nogotal bladd	er c	
0		Conditions, if ony, which gove rise to immediate	(b) (160 04	no starte		
or ather troumotic		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF HS WAY	An	
injury, o	Z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITI	ON GIVEN IN PART 1(o)
18 shows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20	LIFYES, WERE FINDINGS USED
Swows 7	Ĭ				YES NO	CERTIFYING CAUSES OF DEATH?
Hem 18 st		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	RRED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
ŏ	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
marked	*	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, EIC.)	CITORIOWN	COUNTY STATE
			ol) ottended the deceosed from_		to	. 19, that (I) (we) I
n 21	ĺ	sow the deceased alive on_ obeve_(I) (we) (did) (did not)	view the body after death.		death occurred on the date of	and hour and from the causes stated
If Hem		27b. SIGNATURE	JH. Color	DEGREE	MEDICAL STAFF	27c. DATE SIGNED
7-	-	22 SPHYSICIAN'S NAME (TYPE OR	PRINT	PHYSICIAN J	DIRECTOR PHYSICIAN	0 3.41.11
IMPORTANT: H		ANTONINO	H. CALON) 6115.UM	UION AVE.	, HAVRE DE Q
≤		BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	236 LOCATION CITY OR TOWN	COUNTY STATE
-	24.5	BURIAL	5-25-79 57	James		Ace Harford, 11
20M 7/7B	1	UNERAL DIRECTOR	ADDRESS,	NORTH	TE REC'D. BY REGISTRAR 216	troping / Karady
, / , D	HK	NOID WIBEARD	117 Cecil Au.	EAST, MO. 1	JN4 19/9	and the same

STATE OF MARYLAND

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STATE OF MARYLAND

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MPORTANT

STATE OF MARYLAND 9-12365 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 2e. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) JOHN VINS 4 RACE 3 SEX IF UNDER I YEAR IF UNDER 24 HRS 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR DAYS HOURS MIN. FEB. 6 1927 7a. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U, S. A. RFOR WIDOWED DIVORCED T IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR F NOT IN SUCH FACUITY, GIVE A REET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY EMORIAL ARPENTER CONSTRUCTION USUAL RESIDENCE JIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130. STREET ADDRESS ARENA 13a STATE 136 COUNTY 15. CITY OR TOWN 13d. INSIDE CITY LIMITS? NO X FOR CHNGTON YES [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE LAST FREEMAN WELCH LEVINS ARTHA ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 717-20-8699 LORRAINE A. BLEVINS, DARLINGTON, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) Conditions, if any, which gave rise to immediate cause lat, stoting DUE TO OR ANA CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NOM YES [NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from

5saw the deceased alive on

and that in (my) (aur) opinion death accurred on the date and hour and from the couses stated above (I) (we) (did) (did not) view the Body after death DEGREE 224 DATE SIGNED 226. SIGNATURE

22d. PHYSICIAN'S NAME (TyPE OR PRINT)

BURIAL

22e ADDRESS

ATTENDING

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

HARFORD

23e. BURIAL, CREMATION, REMOVAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY SOUTHERN

23d LOCATION LTY OR TOWN UBLIN

24 FUNERAL DIRECTOR

JOHN H. HARKINS, DELTA

WP. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH-16 20M (VRA 15, 4) 7/78

DIRECTOR

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d b

19-12365

GM GHE THE SHEET OF THE STREET OF ME

				STATE OF MARYLAND		
	1	FOR - STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	79-12368
N.		CEASED NAME FIRST E ORPRINT) FRE de	CICK W BU	06,100 m		ONTH DAY YEAR 26. HOUR
3)	3. S		1 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS ME
In 72 hours	7e.	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	1 BALTIMORE CITY OR	COUNTY OF DEATH
1 1 1 1 82	10.	New York ITY OR TOWN OF DEATH FAILSTO	UF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF VINE TO THE REST OF VINE TO THE TOTAL TO THE TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL	N 12b. KIND OF BUSINESS (NORKING LIFE) INDUSTRY
and be	USI 130	STATE 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION)	13e STREET ADDRESS	in Green Road
and 2 share reexaminer re	14. 6	ATHER'S NAME FIRST	MDDLE LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE Unknown	LAST
Poges I	160	WAS DECEASED EVER IN U.S. AF		H.	t. Myers. Flo	rida 33936 St. Lehigh Acres
ng physicioi bonpapers. removal. c event, the		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b) an ED BY: TE CAUSE (a)	ete MI		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
by the attending p sse remove corbon, cremotion, or rem other troumotic eve		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE	LE ASCVHD		yus
7000		couse (a), stating the underlying couse lost	DUE TO, OR AS ACONSEOUS	ence & O.P.D.		yis.
Then price to builting.	TON			DEATH BUT NOT RELATED TO THE TERM		
e pri	CERTIFICATION	3-15-76 /3-2	6 ASCVD	OPERATION WAS PERFORMED	YES NO	20). IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO } \(\text{NO } \)
certifica riol-tro entol H frem 18	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJURY I	IN ITEM 18, PART 1 OR PART 2)
After this se os the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TOR for us of He		sow the deceased alive or above, (I) (we) (did) (did no	ital) attended the deceased from		death accurred on the date	19, that (I) (we) lost and hour and from the causes stated
		276 SIGNATURE DOM	LVaul		MEDICAL STAFF DIRECTOR PHYSICIA	IN DATE SIGNED
D E O S		220 PHYSICIANS NAME (TYPE O	L. VAJSAN	22e ADDRESS		
APOR		- 11.4				
0 0 0 0	23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation		NAME OF CEMETERY OR CREMATORY ecurity Process. Inc	23d LOCATION CITY OR TOWN	e Baltimore Maryl

W.

0	FOR			OF MARYLAND	4744			
1.	- STATE REGISTRAR	DEP		ALTH AND MENTAL HYG CATE OF DEATH	REG. P	١٥.	79-	236
	CEASED NAME FIRST	MIDDLE	O I	SŤ	20 DATE OF DEATH	MONTH D	AY YEAR	26. HOUR 25
	Vinc			igno		1 000	9 1979	6 PM
3 SE	Male	White	5. DATE OF MONTH	PAY YEAR 22 1932	6 AGE (IN YEARS LAST BI		FUNDER I FEAR	# UNDER 24 HRS HOURS MIN
7a. B	IRTHPLACE (STATE OR FOREIGN NEW YORK	76. CITIZEN OF WHAT COUN	MARRIED	NEVER MARRIED	9 BALTIMORE CITY	- I	of DEATH Jarford	MD
H	Wre de Grace	11. NAME OF HOSPITAL, NU.	URSING HOME OF STREET ADDRESS) EMONIA		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Mathematic	OF WORKING LIFE	12M KIND O	BUSINESS OR Md. Ret
130. 3		TOTAL LAVY	ed time		130. STREET ADDRESS	70x	Rd.	
14. FA	THER'S NAME Joseph	MIDDLE Calc:		15 MOTHER'S MAIDEN NA/	WIDDLE		Aven	ia
16a V	WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GM	EMAR OR DATES) 166 SOCIAL 18-2	6-9494	Mary C. Calc	agno, 322		. 21078 . Havre	de Grac
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONS (b) M C CONS (c) CONTRIBUTING	ASTAT		G DISE, BOWEL INAL DISEASE OR COM		EN IN PART 110	11
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION	WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDIN YING CAUSES	
130	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	JRY IN ITEM 18, PA	ART 1 OR PART 2)	-
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OI	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	27e.I certify that (I) (this hospital and the deceased alive an above, (I) (we) (did) (did not have the deceased alive and have the deceased alive alive and have the deceased alive alive alive and have the deceased alive ali	71001111	1979 one	that in (my) (our) opinion of EGREE ATTENDING	MEDICAL _ STA	AFF	and from the c	hat (I) (we) last ouses stated
	2011 PHYSICIAN'S NAME (TYPE O	MONAK.	1LAD		Re GRA		rul ?	2078.
23e E	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	5/22/1979		METERY OR CREMATORY Memorial Gds	23d LOCATION CUT OR TOWN Aberdee	n, Har	förd Co	. Ma.

DHMH-16 20M (VRA 15, 4) 7/78

TO FUNESAL DIRECTOR: After should be detached for use on the

Tarring Funeral Home, P.A. Aberdeen, Md. 21001

Md. 21001

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	1	It	ems #18a-22a Fj	lm G532			ARYLAND AND MENTAL HY	GIENE		- 7.0	
4	3	1 - :	STATE REGISTRAR	ME	DICAL EXAMIN				7.9-1	23/0	
1.		I. DEC	EASED NAME FIRST		MIDDLE		AST	20. DATE	KNOWN X MON	ITH DAY YEAR	26 HOUR
Hard W.	_	(TYPI	OR PRINT) Milds	·ed	Ruth	Ca	ampbell	OF DEATH	MATED C	13 1979	M
Clo	8	3. SEX		5. DATE OF BIRTH		ARS IF UND	ER I YR. IF UNDER 2			TH DAY YEAR	7:50P
, i	2 %	Fe	male White	5 28	1903 75 YE	1110111110	DAYS HOURS	MIN PRONOUN DE AD) 5	13 1979	/ . JUE
SSSA		7a 81	RTHPLACE (STATE OR		HAT COUNTRY?	8 MARRIEI	D NEVER MARRIE	DUI	ORE CITY OR CO		
NECE S FONE	20	M	aryland	USA		WIDOWE			Harford	County,	MD.
AV IS I	00		TY OR TOWN OF DEATH	II. NAME OF HO	SPITAL, NURSING HOME FACILITY, GIVE STREET ADDRESS) man Avenue	, OR OTHE	RINSTITUTION	FOR MOST OF WOR	PATION (TYPE OF WO	OR INDUST	RY
- O - W			erdeen L RESIDENCE (IF IN NURSING HOME (0.00		Homemak	er	Home	
1201 ANY DEL AND 3 TO RETAIN BE HOULD BE	21	13a. S	TATE 136 COUN	TY	13c. CITY OR TOWN	ON)		13e. STREET ADDRE			
2, F 21			aryland Hai	rford	Aberdeen		YES NO		an Avenue	3	
RE, MD. 2120 DEATH. IF AN GES 1, 2, ANI IM PM 3 REI AND 2 SHOLO OF VITAL PECT	101		FIRST	MIDDLE	LAST		FIRST	A LAWINE	AIDDLE	LAST	
MORE, A FTER DEA F PAGES FORM P FOS I AND P	5		ohn /AS DECEASED EVER IN U.S. AR	MED FORCES?	Vogtman	Y NO. 1	Martha 7 INFORMANT	D 1	ADDRESS,	tool	
BALTIMORE, MD. JRS AFTER DEATH GIVE PAGES 1. WITH FORM PM. PAGES 1 AND 2		(Y		WAR OR DATES)	213-60-303	22	Tawrence V	Dearbor	n, Michig 2020 Madi	son Ave	
			18. CAUSE OF DEATH (Enter on	ly one couse per lin		25	TRAIL CITTLE A	OS OWEITE	020 1301	APPROXIMAT BETWEEN ONSE	E INTERVAL
W. PRESTON ST., D WITHIN 24 HOL ENCL IN ITEM 18 AMINER ALONG -IRANIT PERMIT -IRANIT PERMIT -IRANIT PERMIT -IRANIT PERMIT -IRANIT PERMIT -IRANIT PERMIT					teriosclerot	cic ca	rdiovascul	ar disea	se	OETWIEN CHISE	TAND DEATH
ALO ALO	AL.		4777		R AS A CONSEQUENCE		A LEVOLUT				
PRES CIL II	REMOVAL		Conditions, if ony, which gove rise to immediate	(b)		16.3	11				
DI W.	S REA		couse (o) stating the <u>under</u> lying couse lost.	DUE TO, O	R AS A CONSEQUENCE	OF					
5, 301 W. PRESTO ECUTED WITHIN 2 3" IN PENCIL IN IT AL EXAMINER ALI BURIALTRANSIT PAND AND AND AND AND AND AND AND AND AND	Z Z			(c)							
DIVISION OF VITAL RECORDS, 301 S CERTIFICATE SHOULD BE EXECUTE RITING THE WORD "PENDING" IN PROED TO THE CHIEF MEDICAL EX. E 3 SHOULD BE USED AS A BURRAL F DEPARTMENT OF HAITH AND	ATIO	z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT BELATED TO THE TERM	IINAL OISEASE (OR CONDITION GIVEN IN PART	1 (0)			
RECC PENE	REAL PROPERTY.	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH OPER	ATION WA	S PERFORMED?			20. AUTOPSY	?
TALR HOUL CHIEF USE	AF,	IFIC								YES X	NO 🗆
CERTIFICATE SH TING THE WORR DED TO THE CO DED TO THE CO DED AS SHOULD BE	BURIAL	CERT	216. EXTERNAL CAUSE WAS	21b. TIME C	OF INJURY M. MONTH DAY YEAR	21c. HO	W INJURY OCCURRED	(ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 (OR PART 2)	- 15
ON O THE TO THE TOUR	10		UNDERLYING OR CONTRIBUTING CAUSE OF								
DIVISION THE CERT WRITING ARDED GE 3 SH	PRIOR	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE I		OF INJURY (AT HOME, CTORY, FARM, ETC.)	21f. LOC	ATION REET	CITY OR TO	OWN	COUNTY	STATE
DIV E, WRIT RWARD PAGE	1201	~	AT WORK AT WORK								
DK III O ATTAC			220. I certify that I took chan	ge of the remains a	above held on	Aglopsy	X, Inspection	, Inquiry	ond in m	y opinion	
MINE FICA CTOR	MARYLAND,		death resulted from	rolfunes K.	Su Su	ncid/	Homicide .	Undetermined m	onner,		
EXAA CERT DILD DIRE	ARY		ACTUAL	1	0) 45	A	TITLE (SPECIFY)		D/	ATE = 4.1.4	/=0
THE	Έ, Δ.		SIGNATURE	rom so	JAMA	* MI	Deputy Chi	Le LEDICAL EXAM	AINER SI	ATE 5/14/	79
MEDICAL EXAMIN GEOUTE THE CERTIFIC GE 4 SHOULD BE FINDERAL DIRECT	TIMORE,	120	EXAMINER'S NAME The	omas D. S	mith, M.D.		DDRESS 111	Penn St.	Balto.	MD	
TO N EXEC PAGE	BALT	23a. B	URIAL, CREMATION, REMOVAL		23c NAME OF CE			23d. LOCATION CITY OR TOWN			TATE
ВР		H	demoval/Burial	16 May 19	79 Zion Eva	n. Lutl	heran Cem.	Frostbu	re Alle		yland
DHMH - 1			UNERAL DIRECTOR	ADDRE			25a. DATE P	FAY BY REGISTE	ARC 25b. REGISTERS	ESGNAHEGE	ooley
(VR A15 ME (15M 7/76		Ta	rring Funeral			d. 21	001	1 0 10	j	/	/

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 2a. DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 19 SEX DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 4 RACE IF UNDER 24 HRS DATE DAY 2d HOUR LAST BIRTHDAY) PRONOUNCED 83 DEAD 10 76. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY DIVORCED 3 ID. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY AND 3 TO 1 OWN Home SHOULD BE OUSE W USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 21201 13d INSIDE CITY LIMITS? 13e. STREET 2104 VITAL AND 2 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE EIDST FIRST FORM GEORGE 160 WAS DECEASED BYER IN U.S. ARMED FORCES? INFORMANT ADDRESS DIVISION (YES. NO, OR UNKNOWN) 0 VONE ASSELL CAUSE OF DEATH (Enter anly one cause per line far (o), (b), and (c APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: AL EXAMINER ALONG BURIAL-TRANSIT PERMIT minus IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. SED AS A BURIA VITAL RECORDS, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? Ö BURIAL RWARDED TO THE CH PAGE 3 SHOULD BE U STATE DEPARTMENT O YES 3 NO [] 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR PRIOR TO MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 21201 PAGE 4 SHOULD BE FORW

TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE STA
BALTIMORE, MARYLAND, 212 220. I certify that I took charge of the remains described above, held an ond in my opinian Inspection Inquiry death resulted fram Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNATURE EXAMINER'S NAME (TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY CREMATION GREE 04N MORE BP. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 15M 7/77

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	TO HOSPITAL CHATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 havrs after death. Page 4 millerained by the haspital an attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	erti	oon rem	ev
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	TO HOSPITAL C. ATTENDING PHYSICIAN The retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If them 21 is marked ar them 18 shows ony injury, ar other traumatic event, the medical examiner must be notified at once.
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DHMH-16 20M (VRA 15, 4) 7/78

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-12373

l	1 - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE REG. NO.	79-12373
h	1 DECEASED NAME FIRST MIDE	DIE LAST	28 DATE OF DEATH MO	NTH DAY YEAR 25 HOUR
١	(TYPE OR PRINT)	Ilian Casusa	m.	13 1979 3P M
ŀ	3 SEX A RACE	111am COSNET	6 AGE IN YEARS LAST BIRTHDA	
ľ	po 1	MONTH DAY YEAR		MONTHS DAYS HOURS MIN
ŀ	78. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WH	5 23 1916	9 BALTIMORE CITY OR G	YRS.
ł	COUNTRY)	MARRIED MEVER MARRIED	S BALTIMORE CITT OR	COUNTY OF DEATH
4	West Virginia USA	WIDOWED DIVORCED		Hartord MD.
ı		SPITAL, NURSING HOME OR OTHER INSTITUTION ACILITY, GIVE STREET ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	
1/	Havre de Gence Harfor	d Mamorial Hospital	Timber-Self	Emp. Lumber
Į	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GN 130 STATE 136 COUNTY 13	VE RESIDENCE BEFORE ADMISSION) L. CITY OR TOWN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	
1	Maryland Harford F	Forest Hill YES NO M	- 0	osner Road
Ī	14. FATHER'S NAME	IS MOTHER'S MAIDEN NA		
1	Abraham Co	osner Marv	Etta	Springer
t	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS	
١	(YES, NO OR UNKNOWN) [1# YES, GIVE WAR OR DATES)	Doris E.Weeks	.41 Lea Road	19720 New Castle Del.
ŀ	18 CAUSE OF DEATH (Enter only one couse peydin		, 41 Lea Tuad	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART 2 OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 2	ION GIVEN IN PART 1(0) ON IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
1	210. ACCIDENT WAS UNDERLYING 216. TIME OF IT		RED (ENTER NATURE OF INJURY IF	TITEM 18, PART 1 OR PART 2)
ı	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. IF EITHER, NOTIFY MEDICAL EXAMINER	19		
١	OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE AT WORK AT WORK AT WORK	INJURY FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
1	220 I certify that (I) (this haspital) attended the d	deceosed from		3 , 19 , that (I) (we) last
	sow the deceased alive an above, (f) (we) (did) (did nat) view the body off	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	and hour and from the couses stated
	12d HYSICIAN'S NAME (TYPE OR PRINT)	cer Fun	e de gr	ace, And
T	230 BURIAL, CREMATION, REMOVAL 236. DATE	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
	(SPECIFY) Burial 17 May	1979 Rock Spring Episcops		Harford Maryland
1	24 FUNERAL DIRECTOR	25a. DA1		REGISTRAR'S SIGNATURE
I	NAME	ADDRESS	MATIOISIS	In the standing of the standing

FOR

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INDUSTRY Supervisory House KEEDE HUSpital COLONIA HAFTMAN ADDRESS 6 Colonial Air- Mariand 2101 BEI APPROXIMATE SITERVAL SETWEEN ONGET AND DEAT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNE 1HO M 121078 HEMINGOLO VEYGINIA 24 FUNERAL DIRECTOR Brondway & WALLANIS & 25a DATE DHMH-16 20M JOSEPH William Foster BEL A. MAGIA-121014 (VRA 15, 4) 7/7B

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

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IF UNDER 24 HRS

IF UNDER I YEAR

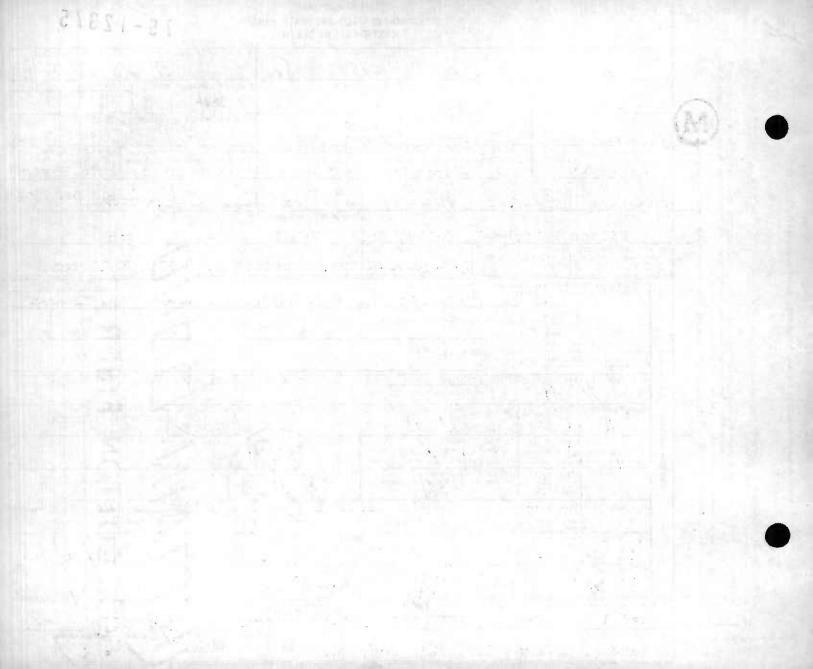
DAYS

MONTHS

15-12374

THE RESERVE OF THE PARTY OF THE

STATE OF MARYLAND 79-17375 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME MIDDLE 20 DATE OF DEATH 2b. HOUR TYPE OR PRINT ICHAEL LTON 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH DAY YEAR aucasian 01 BIRTHPLACE ISTATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LLS TON Counterman OSPITAL Auto Parts STON ARYLAND 21201 ISUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Reckord Road ALLSTON 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Michael Sr Mabe] Beck 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) Mrs. Harriett D. Cully, Fallston, Md. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far. (b), (b), and (c PART I. DEATH WAS CAUSED BY Jusi tions mosi DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. DIVISION OF VITAL RECORDS, 301 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? INCERTIFYING CAUSES OF DEATH? YES T NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN (TEM 18, PART 1 OR PART 2) HOUR A.M. MONTH YEAR OR CONTRAUTING CAUSE OF DEATH (IF EITHER, MOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NO WHILE 22a. I certify that (I) (this hospital) attended the deceased from 14 100 sow the deceased alive on_ and that in (my) (aux) opinion death accurred on the date and hour and from the causes stated obove, (1) (see) (did) (did nat) view the bady ofter death 23b. SIGNATURE & DEGREE 22r. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22 PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS should be MPORTA 133. NAME OF CEMETERY OR CREMATORY CITY OR TOWN Harford Holy Trinity Episcopal Churchville 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Harford STATE Burial Md AND PATE REC'D. BY REGISTRAR 20 RECOTTRAPS 24. FUNERAL DIRECTOR DHMH - 16 60M 7/73 Howard K. McComas III, Abingdon, Md. (VRA 15 (4))



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(23) WE			Louis	Lowell	Duncar		DEATH MATED	5 30 19 79 M
(M)	D. SE	male blace	MONTH	DE BIRTH DAY LAST LAST 3	BIRTHDAY) MONTHS DAYS	R. IF UNDER 24 HRS	PRONOUNCED DEAD	5 30 19 79 P M
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AND 3.3	USU.	AL RESIDENCE IN IN HURSING TATE DE ALWENTENCE	WAY CAS	TITUTION, GIVE RESIDENCE BEFORE	DMISSION) 13d. INSIDI	E CITY LIMITS? 120. ST	Anglin	Dr.
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NO PER OF STATE OF ST	160.	WAS DECEASED EVER IN U	S. ARMED FORCES, GIVE WAR OR DAT	CES? 16b. SOCIAL SE	CURITY NO. 17. INFO	DRMANT	ADDRESS	J
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DIVIS THIS CER. WRITING WARDED PAGE 3 S TATE DEF	×	WHILE NOT WHI	LE 🗆	STREET, FACTORY, FARM, ETC.)	SIKEEI		CITY OR TOWN	COUNTY
2 SE				emains described abave, hel	dan Autapsy K.	Inspection .	Inquiry , and	in my apinian
20 2 - 7		death resulted from:	Natural causes	X, Accident .	Suicide, Ha	micide . Und	determined manner ,	
EXAMI CERTIFI UID BE DIRECT WITH		ACTUAL	Mary	Paff Ster	AT A SHEET .	P(SPECIFY) ssistant "		DATE 5/31/79
ICAL EXA SHOULD ERAL DIR EATH, WI		SIGNATURE	arrend	The Wind To		S S S S CALLE W	EDICAL EXAMINER	SIGNED 3/31/17
MEDICAL E ECUTE THE O GE 4 SHOU FUNERAL D FUNERAL D TIMORE, MA		EXAMINER'S NAME (TYPE OR PRINT)	Margar	rita A. Korel	1 M.D. ADDRES	s 111 Penn	Street, Bal	to.MD 21201
10 P & K	²³⁰	BURIAL, CREMATION, REMO	OVAL 23b. DATE	4-79 GNAME	C PHAWA	Men.Pk.	LOCATION ITY OR TOWN P W CAS	He Del STATE
BP	~	FUNERAL DIRECTOR		ADDRESS	1 -	25a. DATE REC'D.	BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
(VR A15 ME (5))	10	M CON	60	201 N.Gr	ay Ave.	MAY 3	1 1979 tion	try McCredy

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	FOR STATE			EPARTMENT OF		MENTAL HYGIEN	TIL	1007
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	x Male	4. RACE White	5. DATE OF BIRTH 2 0 0 2	YEAR 6. AGE (IN Y)			2c. DATE PRONOUNCED DEAD	MSVIH 1 7AV 79 YEAR 5:40 pm 19
/	BIRTHPLACE (Spreign country)	Y	76. CITIZEN OF WHA		WIDOWED [NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	OR COUNTY OF DEATH
6 F		race Md		Memoria	l Hospi	tal ret	JAL OCCUPATION (TYPE MOST OF WORKING LIFE)	OR INDUSTR
NE	W Jers	Sey Morr		residence before admiss 13c. CITY OR TOWN Landing	13d. INSII YES	□ NO ₽		O Box 658
7	FATHER'S NAM FIRST NOT	ton DEVER IN U.S. ARM	Max	E11e	1	THER'S MAIDEN NAME PIRST aulene DRMANT	(N.M.I.)	Openhime:
ON, OR REMOVAL.	YES, NO. OR UNKNO	(IF YES, GIVE W	rane cause perline fa	110 26	5528 Mrs		ADDRESS	New Jer
	cause (a lying car		(c)	A CONSEQUENCE		TION GIVEN IN PART 1 (a).		
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BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, MEDICAL CERTIFICATION	21d. EXTERNA UNDERLYING CONTRIBUTI 21d. INJURY O WHILE AT WORK	AL CAUSE WAS AL CAUSE WAS G OR NG CAUSE OF DE OCCURRED NOT WHILE AT WORK If the I took charge ed from	21b. TIME OF INHOUR A.M. A.P.M. 21e. PLACE OF STREET, FACTOR	AONTH DAY YEA 19 INJURY (AT HOME, Y, FARM, ETC.)	21f. LOCATION STREET Autapsy ,	Inspection , micide , Undete	CITY OR TOWN	YES PART 1 OR PART 2)

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					OF MARYLAND			
-	1-	FOR STATE			LTH AND MENTAL I	HYGIENE	G. 70.9 - 12	379
	1 06	REGISTRAR CEASED NAME FIRST	MEDIC		S CERTIFICATE C	DF DEATH REC	5. NO. J	
		EORPRINT) MENELA	115 P	1 E		20. DATE KNOW OF ESTI- DEATH MATE	5 12	YEAR 26 HOUR
	3 SEX		5. DATE OF BIRTH	6. AGE (IN YEARS)	PANCESC IF UNDER 1 YR. IF UNDER		MONTH DAY	YEAR 2d HOUR
		MW	MONTH DAY		MONTHS DAYS HOURS	MIN. PRONOUNCED DEAD	5 12	1979 71K
0+	70. B	RTHPLACE (STATE OR IREIGN COUNTRY)	Th CITIZEN OF WHAT	OUNTRY? 8.	ARRIED PNEVER MARR	9. BALTIMORE CI	ITY OR COUNTY OF D	EATH
0	W	EST VIRGINIA	USA		DOWED DIVOR	ED HARF	ORD	MD.
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)	130.3	M. HAR	FORD	SOPPA	YES NO NO	130. STREET ADDRESS AC	ADIA DR	IUE
	110	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAID	MIODLE	21	LAST
40			CAS PR	ANCESCO		ENA MARI	E MUN	VZE
1	16a. V {Y	VAS DECEASED EVER IN U.S. ARM ES, NO, OR UNKNOWN) (IF YES, GIVE W		SOCIAL SECURITY NO	10	ADD	RESS	Tinn
		NO	12	32-05-202	6 TATRICIA	FRANCESCO 11		
		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	ane couse per line for (o), (b), and (c).)	,	1.	BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
		IMMEDIATE	CAUSE (a)	pup	ured aox	tic aneur	Hrey.	
NEW CVAL.		44/5	DUE TO, OR AS A	CONSEQUENCE OF	Carron			
		Conditions, if ony, which gave rise to immediate	(b)		SUUD.	A THE LEASE IN		
		cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A	CONSEQUENCE OF			864	
			(c)					
	Z	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO OFATH BUT NO	OT RELATED TO THE TERMINAL	ISEASE OR CONDITION GIVEN IN PA	ART 1 (a).		
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9	ERT	21a. EXTERNAL CAUSE WAS	216. TIME OF INJ		Ic. HOW INJURY OCCURRI	ED LENTER NATURE OF INJURY IN IT		E3 LI NO LI
2		UNDERLYING OR CONTRIBUTING CAUSE OF D		ONTH DAY YEAR				
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	W	WHILE NOT WHILE THE AT WORK	STREET, FACTORY, F	ARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
		220. I certify that I took charge	T		utopsy, Inspectio	, ,	ond in my opinian	
		death resulted from: Naturo	1 causes , Acci	dent , Suicide		Undetermined manner		
		ACTUAL	6/	1011111	TITLE (SPECIFY)		DATE (-12-79
2	1	SIGNATURE ACCUS		7	M.D. Defull	MEDICAL EXAMINER	SIGNED	- 10
X	-	EXAMINER'S NAME LUIS	E. REN	IEL MI)	ADDRESS_46	4 alliance	IT greece	
	23o.B	URIAL, CREMATION, REMOVAL 23		23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
		remation	5/14/79	Westview	Crematory	Westview	U Baltim	
(5))	26.51	WE ALD DIRECTOR 1	ASTORESS	700 R.	2: Rd 250. MA	PECTO BY PLOS IS DAR 256	ECOSTONIS STREET	Obody
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should be detoched for use os the buriol-tronsit permit. I with the State Dept. of Health and Mental Hygiene prior MPORTANT: If Hem 21 is morked or Item 18 shows ony

carbonpapers. Pages

physical

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR	DE ANI		TE OF DEATH	TITO LINE	REG. NO. 7	9-12	380
	1. DECEASED NAME FIRST (TYPE OR PRINT) RAY	mond Lee	FRA	ncis	2a. D/	ATE OF DEATH MONTH	G 19	26. HOUR 50
	3. SEX MAIC	4 RACE White	5 DATE OF BI	RTH DAY PEAR 7		E (IN YEARS LAST BIRTHDAY) 82 YRS	MONTHS DAYS	HOURS MIN
880	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas	USA	MARRIED WIDOWED			HTARFOR		Ø , MD.
Notified	FAILS ton	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY GIVE STREET FAILS FOR	CAL Nu	CSING CEN	(TYPE C	SUAL OCCUPATION OF WORK FOR MOST OF WORKING PICSMAN	LIFE) INDUSTRY	Mobile
anst part p	130. STATE 136 C	OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE COUNTY AR FOR A Bel AII	VN 1134	INSIDE CITY LIMIT	13e S1	REET ADDRESS	WAY	,
exomine 2	14. FATHER'S NAME FIRST WOODSON	FRANK FRANK		MOTHER'S MAIDE		JANC	SM	ith
medicol	(YES, NO OR UNKNOWN) (IF YE	S. ARMED FORCES? 166 SOCIAL SECTION OF DATES) 216-03-		INFORMANT	FRANC	ADDRESS 8216 P10		Plains
fic event, the	PART I. DEATH WAS CA	EDIATE CAUSE (o)	pulm	onare	G	brest	APPRO) BETWEEN	CIMATE INTERVAL ONSET AND DEATH
er fraumo	Conditions, if ony, whice gove rise to immediate couse 101, stating the	te /		ua			18	

TO DEATH BUT NOW RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10

90 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? YES 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19

71d INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

220.1 certify that (1) (this hospital) attended the deceased from that (I) (we) lost

and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated sow the deceased alive of

DEGREE ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR | PHYSICIAN |

22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE

23d LOCATION Cem LOBRAINE

COUNTY BAI TIMORE 250. DATE REC'D.

6500 YORK Rd

Md BY REGISTRAR 25b. REGISTRAR'S SIGNATULE

NO [

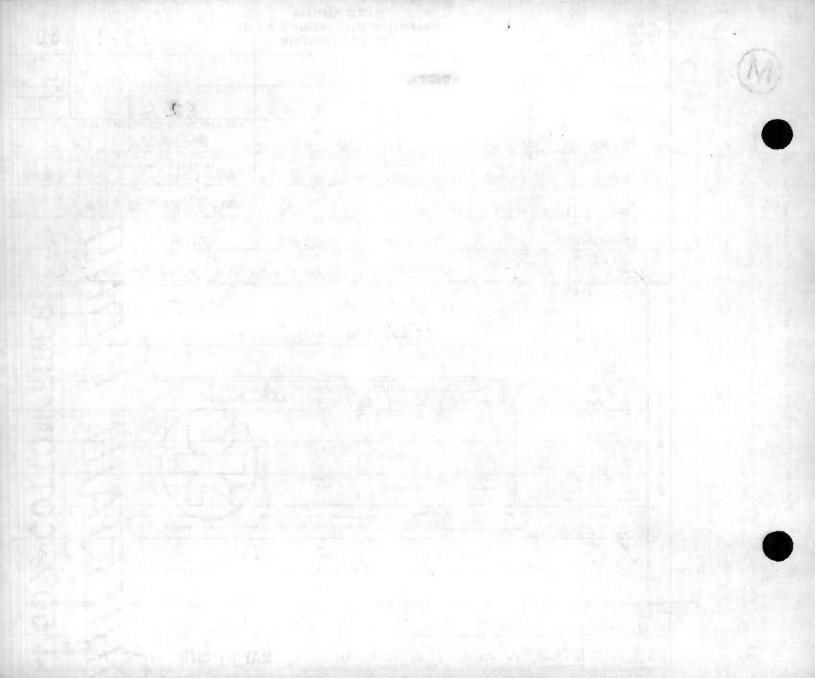
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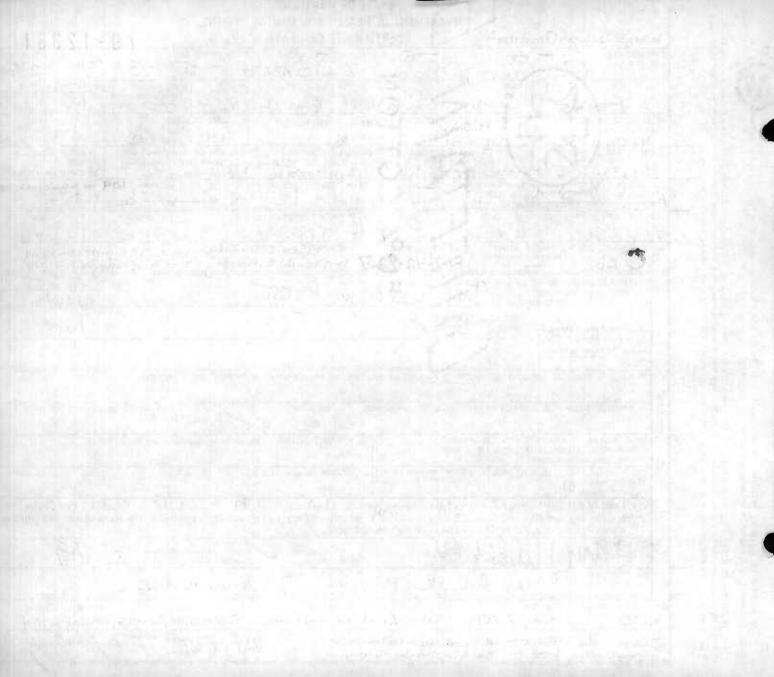
TO HOSPITAL

DHMH - 16 50M 1/76 (VR A 15 (4))



DEPARTMENT OF HEALTH AND MENTAL HYGIENE Many Elizabety GardNA CERTIFICATE OF DEATH Middle (1) 2b. HOUR DECEASED-NAME 103 2o. DATE OF DEATH (Type or print) Month 730 M ZABETH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthdoy) HOURS MONTHS auca Slov 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) . WIDOWED 🙀 DIVORCED meciac TO 00 1,591n19 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR death. during most of working life, every fretired.) INDUSTRY give street oddress) plua Homemaker HUSEWITE 130. USUAL RESIDENCE (Where deceosed lived if institution: Residence before 13e. STREET AND NUMBER 109 S. SANDTONKE sho 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? NO M YES 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost an id 16b. SOCIAL SECURITY NO. 17. INFORMANT(Scw) 208-2962 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 109 Sunties Lynbrook Road runknown) Mr. Dowald E, Murphy BEL Air Maryland 21011 NO APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per vine for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: AROW NESP WATON DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF please stoting the underlying couse requires that the PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO D 21o. ACCIDENT WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) UNDERLYING [DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notity medical exominer) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Not while at work 19 79, that (1) (we) last 220. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on_ 1935, and that in (my) (our) opinian deoth occurred on the dote and hour ond from the aduses stated abave, (1) (we) (did) (did pat) view the body after death. DIRECTOR: detached fa 22h SIGNATUR ATTENDING MED. DIRECTOR DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S M.D. S. un ou the NAME (Type) FUNERAL should be Health retained should 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) BURIAL, CREMATION, 23b. DATE (County) REMOVAL (Specify) LAKE VIEW MEmorial Park SykesuillE, Carroll Go, Manylor 21784 to. MAY 15. 2 Wi Brookway & Collining St. 250. RECD BY REGISTRAR 197 25b. REGISTRAR S SIGNATURE 24_FUNERAL DIRECTOR FOSTER DHMH - 16 3/72 25M maroan DATE BEL Air Mingled 21014 Tribes (VR A15 (4))

STATE OF MARYLAND



1.	tems 14,15 g532 6/19/79 gj STATE OF MARYLAND THE PERSON STATE OF THE PERSON S	m#G533
	- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 9	12382
	DECEASED NAME FIRST MIDDLE GARRETTON OF ESTI- DEATH MATED 5	28 19 79 10
3. S	SEX 4 RACE S. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY MONTHS DAYS HOURS MIN. PRONOUNCED DEAD	DAY YEAR 28 HO
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) 18. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY) WIDOWED DIVORCED HARROR OF	County
) 10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (FOR INSUCH FACILITY GIVE STREET ADDRESS) Harriera Memorial Hospital 120. USUAL OCCUPATION (TYPE OF WORK OWNER—OPERATOR OWNER—OPERATOR	126. KIND OF BUSINESS OR INDUSTRY TEXT CAB
1130	UAL RESIDENCE (IF) NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3268	3- HJ-
14.	FATHER'S NAME HODGE LAST SMOTHER'S MAIDEN NAME MIDDLE JOHN HODGE JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN	usr Fla
160.	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 166. SOCIAL SECURITY NO. 17. INFORMANT LIAM, R. Garrettson, Jr. 167. 32 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1- 3
	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: The state of the sta	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
1	Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate (b) Accident	
	cause (a) stoting the <u>under-lying couse last.</u> DUE TO, OR AS A CONSEQUENCE OF (c)	
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101.	
CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES □ NO □
		RT 2]
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) River 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) Susquehanna River PortDeposit,	21904 Md.
7	22a Certify that Look charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my of death resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined manner ,	pinion
	ACTUAL SIGNATURE M.D. Depusy MEDICAL EXAMINER SIGNE	1-28-21
2	EXAMINER'S NAME L VIS E. PENJEL ADDRESS 464 alliance ST. Ha	ure de 2107P
230.	Burial 6-1-79 Burial Buri	Maryland
B.	FUNERALDIRECTOR 250 DATE REC'D. BY REGISTRAR 250 CONTRARY OF THE PARTY	

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DHMH-17 IVE A15 ME (5)

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

12201

REGISTRAR		MEI	DICAL EXAMINE	R'S CERTIFIC	CATE OF	F DEATH	REG. NO.	1230.	*
1. DECEASED NAMI (TYPE OR PRINT)	Will:	iam	MIDDLE	Gregory		2a. DATE KI OF DEATH A	CCTI U		79 2b. HOL
male	white	S. DATE OF BIRTH MONTH DAY August 1	.1962 LAST BIRTHDAY	MONTHS DAYS	IF UNDER 2	4 HRS 2c. DATE PRONOUNC DEAD	ED 5		79 3:40 79 p.
70. BIRTHPLACE (S) FOREIGN COUNTRY) Maryland		76. CITIZEN OF WE		WIDOWED	VER MARRIE	Hari	ord Cou	-	,
Havre D	eGrace	Harford	PITAL, NURSING HOME, CILITY, GIVE STREET ADDRESS) Memorial Ho	spital		Student	TION (TYPE OF WO	Schee	
JSUAL RESIDENCE 30 STATE Maryland	Balti	Y	13c. CITY OR TOWN Dundalk 212	13d INSIDE CI	TY LIMITS?	13e. STREET ADDRESS 7941 Cha:		t Road	
4. FATHER'S NAME Jesepl	h		regery, Sr.	I	R'S MAIDEN Beverl	- y	***	Rose	
YES NO, OR UNKNO	D EVER IN U.S. ARA		212-85-976		40	B Westway Gregor, J	North	21221 ther	
	GNIFICANT CONDITIONS C		BUT NOT RELATED TO THE TERMIN			1 1 (a		20. AUTO	PSY?
0	AL CAUSE WAS	216 TIME OF HOUR A.M	MONTH DAY YEAR	21c. HOW INJURY) (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 C	YES 2	k) NO [
5 1214 INTUINY		21a PLACE C	OF INJURY (AT HOME, ORY, FARM, ETC.)	211. LOCATION STREET Whitefore		CITY OR TOWN	rd Coun	COUNTY ty	STA'
220. 1 certi deoth result ACTUAL SIGNATURE.	fy that I took charge ed from: Notur Ways	e of the remoins des	A. Korell, M	M.D. TITLE (SI	PECIFY) istant	Undetermined mon	ner , D, NER SI	IGNED.	/31/7
(TYPE OR PRII 23a. BURIAL, CREMA (SPECIFY) Buri:	TION OF HOUSE		23c. NAME OF CEM	etery or cremato	ORY	23d LOCATION CITY OR TOWN Baltiner		COUNT	21201
PAR DEE	10	1 Home PA	1407 Old E	astern Av	250. DATE RE	1979	Fifty	peluse	1

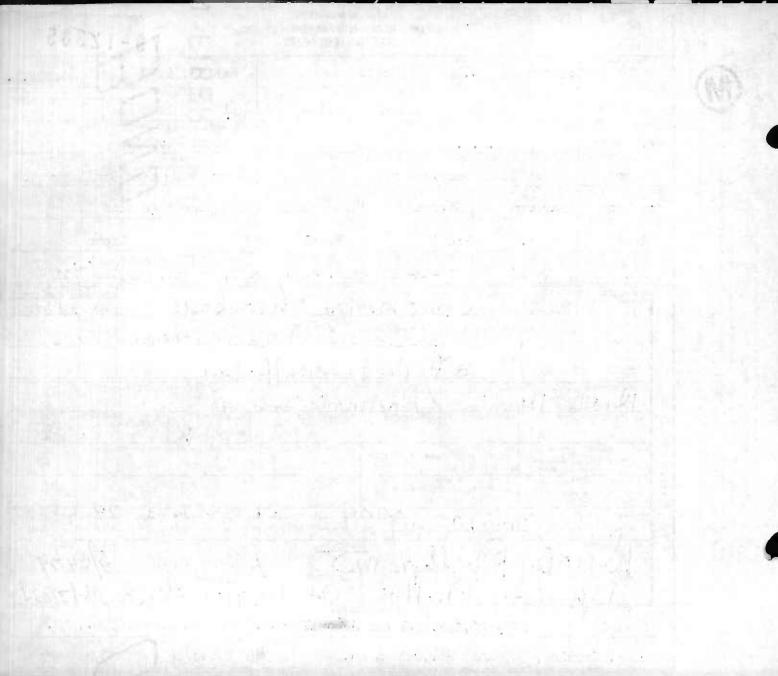
18621-61 1- 31 1961, 1 day of 1 - 1 0 16 - 1 the live of the control of the control of the control of And James France (1955 x SSSES Minima) - Provide State Building S The Water Street, Stre the Mac-15-0755 seath it. Breath, Ve., Berthiol to the broke to the total and the the first of the court of the c Engly of June 177 June 1878 June horses State that the manual from the level of the state of the TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the busial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to busial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1.	FOR STATE REGISTRAR					EALTH AND MENTAL HYG ICATE OF DEATH	GIENE	REG NO 7	9-123	85
		CEASED NAME E OR PRINT)	erbert		MIDDLE .	Grof	f	2a DATE O	23, 1979	DAY YEAR	26. HOUR 6: OOA . M.
1	3 SE	x Male		RACE White		S. DATE C	st 7,1927 YEAR	6. AGE (IN)	YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
67	C	IRTHPLACE (STATE OR FO OUNTRY) OW Jersey	DREIGN 7	U.S.	WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED		ford Cour	NTY OF DEATH	MD.
00		ity or town of DEA Street	TH 1	1. NAME OF I	HOSPITAL, NURSIN HFACILITY, GIVE STREET CONOWINGO	G HOME C ADDRESS) Road	DR OTHER INSTITUTION	(TYPE OF WOR	OCCUPATION RK FOR MOST OF WORKIN TUMENT Mak	IG LIFET INDUSTRY	OF BUSINESS OR
35	13a 5	ALRESIDENCE (IFNURS STATE aryland	ING HOME OR COUNT Harfo	THER INSTITUTION	GIVE RESIDENCE BEFORE 13 CITY OR TOWN		13d. INSIDE CITY LIMITS? YES NO 🔏	3242	ADDRESS Conowingo	Road	
120	14. F/	ATHER'S NAME FIRST	ř	DDLE	Groff Groff		15 MOTHER'S MAIDEN NAME FIRST Hazel	ME	MIDDLE	Brown	ST
1		WAS DECEASED EVER YES, NO OR UNKNOWN) Yes		VAR OR DATES)	214-22-9		Mrs. Hazel Gi	roff,	3242°Côno Street, M	wingo Rd aryland	21154
2	CERTIFICATION	MMEDIATE CAUSE (D) CONDITION FOR WHICH OPERATION WAS PERFORMED 100 AUTOPSY?								GIVEN IN PART 1	NGS USED
9	MEDICAL CER	21a. ACCIDENT WAS UNE OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DEAT: ALEXAMINER) RED	P. 21e. PLACE	M. MONTH DA M.	19	21c. HOW INJURY OCCURR 211 LOCATION STREET	RED (ENTER NA	ATURE OF INJURY IN ITEM	18, PART 1 OR PART 2) COUNTY	STATE
1		220.1 certify that (1) so we the decease obyed (1) (we) (c 22b. \$IGNATURE	(this hospital dollars)	190 0	1 //		d that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN D		STAFF	19 7 9 hour and from the 222. DATE 5/2	
	·	BURIAL, CREMATION, SPECIFY) Burial UNERAL DIRECTOR	REMOVAL	23b. DAVE May 26	6,1979 Be	y)S I Air	EMETERY OR CREMATORY MemorialGdns				
	J	ohn H. Har	kins,	600 Mai	in St., De	lta,	Pa.	MAY 2 8	REGISTRAR 256. REC	LIFTY A	Creaty

BP. DHMH - 16 60M 7/73 (VR A 15 (4))



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n signed by the attending physicion and completely filled in by the funeral of Then please remave carbonpapers. Pages 1 and 2 should be filed within 72 his should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the TENDING PHYSICIAN: The low

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

I. CALSE OF DRATH IT NAME OF NOTIFICAL PROPERTY IT NOTIFICATION IT NOTIF	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	19-12301
3. SEX	1. DECEASED NAME FIR	FIRST MIDDLE LAST	REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 2b. HOUR
SEX RACE S DATE OF BRTH OCT. 15, 1903 TEAM OCT. 15, 1903		page Managet Hooldy	140 000 1000
18 BRITHPLE SINCE OFFORCES 18 CITIZEN OF WHAT COUNTRY 18 CITY OR TOWN OF DEATH 18 CITY OR TOWN OF THE MINISTERY 18 CITY OR TOWN OF THE MINISTERY 18 CITY OR TOWN OF THE MINISTERY 18 CITY OR TOWN 18 CITY O			6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR
The BRITPHACE SENTE CREATED FOR THE COUNTRY MARRED ON NEVER MARRIED WDOWED DNORCED WDOWED WDOWED DNORCED WDOWED	Formala		75
MARRED NEVER MARRIED MONCRED MONCRED MONCRED MONCRED	78. BIRTHPLACE (STATE OR FOREIG	REPORTION IN CITIZEN OF WHAT COUNTRY?	BALTIMORE CITY OF COUNTY OF DEATH
THE CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 136 USUAL CCUPATION 134 USUAL CCUPATION 136 USUAL RESIDENCE (# NURSEN) HOUSEWIJE 136 USUAL RESIDENCE (# NURSEN) HOUSE 136 USU		MARRIED NEVER MARRIED	Hacked
USUAL RESIDENCE (# NOMERO NOME RESIDENCE REFOR ADMOSSOR) USUAL RESIDENCE (# NOMERO NOMER RESIDENCE REFOR ADMOSSOR) USUAL RESIDENCE (# NOMERO NOME	IN CITY OR TOWN OF DEATH		12a USUAL OCCUPATION
134. STATE 134. COUNTY 134. COUNTY 134. DECENSION 134. INSIDE CITY LIMITS? 134. STREET ADDRESS AKER AVENUE 144.	Haure de Grac	MACE HARTOND MERINA HOSP	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
It was deceased form It cause of death It is mother smaller name It is	USUAL RESIDENCE (IF NURSING H	136 COUNTY 134 CITY OR TOWN 134 INSIDE CITY LIMITS?	
186 WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 1175, NO DO UNENDOWN) 118 CAUSE OF DEATH IEnter only one cause per line for its lib., and ic. 119 PART I. DEATH WAS CAUSED BY 120 DUE TO, OR AS A CONSEQUENCE OF COnditions, if any, which gove rise to immediate cause its immediate caus		15 MOTHER'S MAIDEN N	NAME
The continuous of the course	Moradit	1 H - COM 1 Track	MIDDLE ALIGNE
B CAUSE OF DEATH (Enter only one couse per line for ig), lib), and ic: RIMEDIATE CAUSE ID			ADDRESS
The cause of Death lenter only one couse per line for 191, 1b1, and ic: PART 1. DEATH WAS CAUSED BY.			TI A
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse io1, storing the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CO			. Handy, Abingdon, Md.
OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER FEITHER, NOTIFY MEDICAL EXAMINER P.M. 19 21d INJURY OCCURRED P.M. 19 21d INJURY OCCURRED AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. STREET CITY OR TOWN COUNTY STREET 22a. Certify that () (this hospital) attended the deceased from 9 9 9 10 9 10 10 10 1	gove rise to immedia couse (a), stating underlying couse to PART 2 OTHER SIGNIFIC	my, which mmediate thing the use lost. (b) Masa we cerebia a consequence of (c)	RMINAL DISEASE OR CONDITION GIVEN IN PART 1101
OR CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER P.M. 19	190 DATE OF OPERATION	24TION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED VALUE CAUSE OF INJURY VA	ACCOUNT WAS UNDERLY	THE THE OF BUILDING	
272.1 certify that (1) (this hospital) attended the deceased from 3 2 4 19 79 to 5 - 4 19 79 that (1) (we saw the deceased alive or obove. (1) (we 1 sid) (did or) view the body after feath. DEGREE 272. DATE SIGNED 272. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN	Co. Co. Vice Vice Vice Vice Vice Vice Vice Vice	CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	UKKED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2]
saw the deceased alive an obove, (I) (wen't lid) I did on view the body offer Jeoth. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOUSE CORES SACTION OFFICE SADA SECTION STORES	CITY OR TOWN COUNTY STATE
obove, [I] (we'll lid lid of view the body ofter reath. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN			9. to 5 - 4, 19 79, that (I) (we) to
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	sow the deceased of obove, (I) (wer) did (ged drive by ond that in (my) (our) opinio	on death accurred on the date and hour and from the causes stated
		DEGREE ATTENDING	S_MEDICAL_ STAFF _
MALIA FALIA MIN SOS MINISTON KARRE - WILLIAM MARIE	276 PHYSICIAN SNAME		in Ove HATER - GRACE MO
230. BURIAL, CREMATION, REMOVAL 230. DATE 231. NAME OF CEMETERY OR CREMATORY 230. LOCATION	23a RUPIAL CREMATION DELL	N PENOVAL 1225 DATE 123, NAME OF CEMETERY OF COUNTY	124 IOCATION
Burial May 7,1979 Oak Grove Saptisty Bel Air Harford Md.	(SPECIFY) Burial		Bel Air Harford Md.
HOWARD K. McComas III Abongdon Md			PATE REC'D. BY REGISTRAR 255. HEGIT AND STANDARD

Md.

DHMH-16 20M (VRA 15, 4) 7/78

Howard K. McComas III, Abingdon,

BP.

notified

with the State Dept. at treating of the 18 shows ony injury, or other troumotic event, the medical examiner [MPORTANT: If them 2] is marked or them 18 shows ony injury, or other troumotic event, the medical examiner

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detoched for use as the buriol-transit permit. Then please remove corbon poper with the State Dept. at Health and Mental Hygiene prior to buriol, cremotion, ar removal.

deoth. Poge 4 moy be

executed within 24 hours after

certificate be

requires that the deoth

ATTENDING PHYSICIAN:

completely filled in by the

FOR

1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

12200

	100	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	19-16	, 300
		EASED NAME FIRST	Amanda		LAST	2a. DATE OF DEATH MONTH	DAY YEAR	26. HOUR
	(TYPE	ORPRINT) Mary	Amanda A. Hender	rson		5/25/79		11:40 AM
	3. SE>	(4. RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		Female	White	7.0	10 1 88	2 96 YE	MONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8.		9. BALTIMORE CITY OR COU		-
1	CC	Marvland	USA	WIDOWE	D NEVER MARRIED	Transferral Commi		145
-	10 C1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI			Harford Countilland		OF BUSINESS OR
Ä	D	ol Aim	(IF NOT IN SUCH FACILITY, GIVE STREET		G 1	(TYPE OF WORK FOR MOST OF WORKIN	NG LIFE) INDUSTRY	
U		el Air	Bel Air Convale			Homemaker		Home
2	13a. S	TATE 136 COUN			134. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
9		myland Har	ford Jarretts	ville	YES X NO .	1105 Baldy	vin Mil	Road
	14. FA	THER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA/ FIRST	WE	LA	ST
C		Jacob Brookhar			Ida	E.	Brown	
		/AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SECT	JRITY NO.	Richard H	ADDRESS		
	1	No _	213-44-	399		enderson Jai	rettsv	ille.Md
-11			aly one couse per line for (a), (b), or	nd (c).)			APPROX BETWEEN	ONSET AND DEATH
		PART I. DEATH WAS CAUSE		ou asc	whom Acci	Edent	TI	L burn
		451	L CHOOL (O)					
		Conditions, if ony, which	DUE TO, OR AS A CONSEQU	ENCEPF	Meions	a leveris	Yes	2-5 20
H	Lie,	gove rise to immediate	(6)					,
		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF	1 How	200010	YE	05 2-12
		DART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUIL	NOT BELATED TO THE TERM	INAL DISEASE OF CONDITION	CIVEN IN PART 1/	
η	Z	C C C C C C C C C C C C C C C C C C C	De. F	DEATH	THO I RECATED TO THE TERM	+ . 1	OIVER IN TAKE II	to o
-	ATE	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDI	NGS USED
5	CERTIFICATION					IN CE	RTIFYING CAUSES	
	ER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		1214 HOW IN HIPY OCCUPE	YES NO X		NO []
f.		OR CONTRIBUTING CAUSE OF DEA	LIGHT A M MONTH -	AY YEAR	The work work occording	(ENTER PRIORE OF ENJORS AT TEX	10,7 ANT 1 ON 1 ANT 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19	21f. LOCATION			
	MEC	216. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
		AT WORK AT WORK		760				
			tol) oftended the deceosed from.			, to		that dr (we) lost
		sow the deceased alive on above, (4) (we) (did) (end no	it view the body ofter death.	, 0	nd that in (mg) (our) opinion o	death occurred on the date and	hour and from the	couses stated
		226. SIGNATURE	C	K.	DEGREE		32c. DAJE	SIGNED
		HIU	muli	人	MATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/	25/79
	1	22d. PHYSICIAN'S NAME (TYPE O	R'PRINT)		22e. ADDRESS			
		H.W. 5	MITH	NTE	HA 1716 F	+ Hatanh	150	
53		URIAL, CREMATION, REMOVAL	236. DATE 23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
		Burial	, , ,	Bethe	1 Cemeterv	Madonna, H	Harford	Md.
			1/ 4/ 4/1/		T OOMOOT,	Transfer T	TOT TOT U	4 11/4 0

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(VR A 15 (4)) 9/74

24. FUNERAL DIRECTOR

Jarrettsville, Md. G. Kurtz

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAY 2 8 1979

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STATE OF MARYLAND

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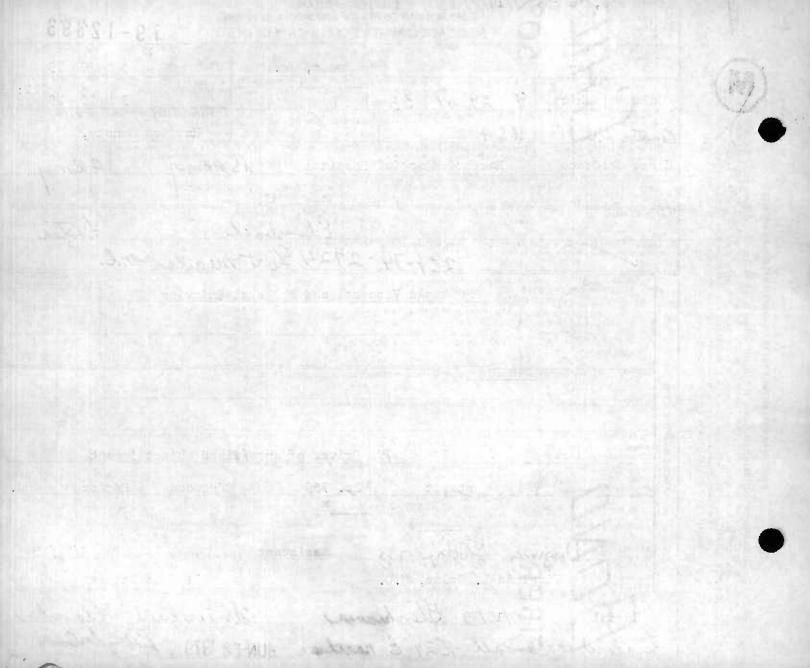
STATE OF MARYLAND

	1-	FOR STATE REGISTRAR				ATE OF DEATH		NE REG. NO	7 9	-12	390
	I. DEC	CEASED NAME FIRST ORPRINT) ATherin	ve Vict	oria	Jo	hNSON	2		9, 19	79	26 HOUR 1 30 A M
		male	white	I	MONTH	DAY 188	AR	AGE LIN YEARS LÁST BIRTH	YRS.	THS DAYS	IF UNDER 24 HRS
6	Ma	aryland	U.S.	A. w	DOWED [D 🗆	HAR FOR &			MD.
6	HA	rurede GRACE	HAR FORG	1 Mem	ess) OKIA	. 11 0-	tal "	20. USUAL OCCUPATK TYPE OF WORK FOR MOST OF HOUSEW	working life)	126. KIND OF INDUSTRY HOI	BUSINESS OR
8	0		FOR L	CITY OR TOWN	Hall :	MES NO E	X	s. STREET ADDRESS	4362 N	Vorri	sville Road
Ż	IT FA	T 1	olas :	Marklir		Mary	EN NAME	MIDDLE .	E	eise	ler
	I ba W	VAS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) (# YES, GIVE NO	WAR OR DATES)	50CIAL SECURITY 27-92-2	NO. 1	Norman	М.	Johnson	ss Bel	. Air	Md
		18 CAUSE OF DEATH. Enter onl PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost	DUE TO, OR AS	A CONSEQUENC	E OF	nie				APPROXIM BETWEEN ON	ATE INTERVAL 4SET AND DEATH G CLOT
7	CERTIFICATION	PART 2 OTHER SIGNIFICANT C				OT RELATED TO TH	IE TERMIN	20a AUTOPSY?	206. IF YES, WIN CERTIFYIN	ERE FINDING	GS USED OF DEATH?
7	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	MONTH DAY	YEAR 19		OCCURRE	YES NO			NO []
	MED	214 IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN (AT HOME, STREET, FA	IJURY ACTORY, OFFICE, FARM,	ETC.)	II LOCATION STREET	77.3	CITY OR TOW	N	COUNTY	STATE
		22a.1 certify that (I) (this hospin sow the deceased alive an abaye. (I) (we) (did) (did not 22b. SIGNALURE 22d. PHYSICIAN'S NAME (TYPEOR	view the body after	19 79	DE	ATTEND PHYSIC	DING	oth occurred on the do	F	. /	
	23a. B	SPECIFY) Burial	23b. DATE 5/22/1		the	L Cemet		134 LOCATION CITY OF TOWN		oford.	STATE M.
	24 FU	INERAL DIRECTOR	I Jar	ADDRESS rettsvi		2		2 2 1970			

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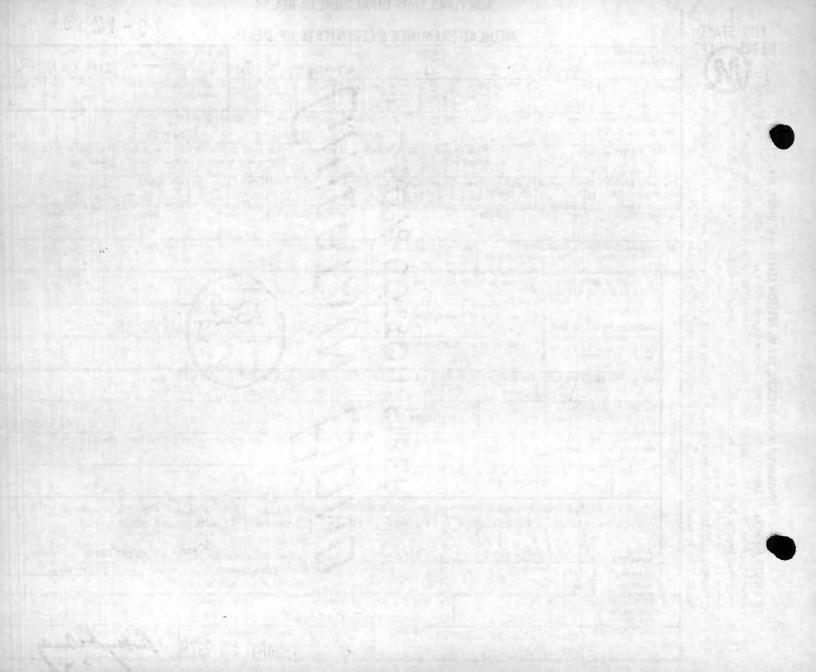
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Male White 79 A Marked 10 A Ma		1 SEX		-	IS DATE O	DE BIRTH		AGE (IN)			,	R 24 HRS						741
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH (WAS CAUSED BY: IMMEDIATE CAUSE OF) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF			ale		ANTH G		44	LAST BIRTH	DAY) MOI			MIN	PRONOL	JNCED		5	10 19 7	
Inc. CITY OR TOWN OF DEATH In. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION It SUSUAL CELEPTION (PER OF WORK INDUSTRY ARMY IT NOT A SUCH FACILITY. GIVE STREET ADDRESS) IT NOT A SUCH FACILITY. GIVE STREET ADDRESS IT NOT A SUCH FACILI		7a. BII	RTHPLACE (S	TATE OR	7b. CITIZE	N OF WH	IAT COUN		Ta	RIED IN	VEVER MAR	RIED []	9. BALTI	MORE CIT	YOR	COUNT	Y OF DEATH	
Havre de Grace Harford Memorial Hospital	70	10		U.C.	US	A			WIDO	WED 🗆	DIVOR	CED [Coun	ity,	
USUAL RESIDENCE IF IN NUISING HOME OF OTHER INSTITUTION, GIVE RESIDENCE SEPORE ADMISSION) 136. STATE 137. CITY OR TOWN 136. INSDE CITY LIMITS? 138. STREET ADDRESS 141. FATHER'S NAME INDUE 145. MADDE 146. SOCIAL SECURITY NO. 17 INFORMANY ADDRESS 188. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Multiple Visceral and Skeletal Injuries Conditions, if any, which gove rise to immediate couse (o) stoffing the underlying cause lost. (c) PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (e). 189. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. AUTOPSY? YES NO □ 171. INFORMANY ADDRESS AD	10				11. NAMI (IF NOT	of Hosi Insuch fac Harfo	PITAL, NU CILITY GIVES rd Me	RSING HOA TREET ADDRESS PMOTIA	1 Ho	spita	TUTION 1		B MOST OF WO	ORKING LIFE)	(TYPE OF	WORK		
16. WAS DECEASED EMERTIN U.S. ARMED FORCES? (YES, NO, OR UNIVERSITY) 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 17 INFORMANT 17 INFORMANT 17 INFORMANT 18	9					IITUTION, GIV			SION)				REET ADD	RESS				7
160. WAS DECEASED EVERTN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 17. INFORMANT 17. INFORMAN	1	14. FA	THER'S NAM	E			3						AE .	MDDIE			Aucz	
The cause of death (effective any one cause per line for (a), (b), and (c).) Part I Death (Enter any one cause per line for (a), (b), and (c).) Part I Death (Enter any one cause per line for (a), (b), and (c).) Part I Death (Enter any one cause per line for (a), (b), and (c).) Part I Death (Enter any one cause per line for (a), (b), and (c).) Part I Death (Enter any one cause per line for (a), (b), and (c).) Conditions, if any, which gave rise to immediate cause (a) stating the under-lying cause last. Due to, or as a consequence of (b) Due to, or as a consequence of (c) Part 2 Other Significant Conditions Contributing to death but not related to the terminal disease or condition given in Part I (a). Part 2 Other Significant Conditions Contributing to death but not related to the terminal disease or condition given in Part I (a). Part 2 Other Significant Conditions Contributing to death but not related to the terminal disease or condition given in Part I (a). Part 2 Other Significant Conditions Contributing to death but not related to the terminal disease or condition given in Part I (a). Part 2 Other Significant Conditions Contributing to death but not related to the terminal disease or condition given in Part I (a). Part 2 Other Significant Conditions Contributing to death but not related to the terminal disease or condition given in Part I (a). Part 2 Other Significant Conditions Contributing to death but not related to the terminal disease or condition given in Part I (a). Part 2 Other Significant Conditions contributing to death but not related to the terminal disease or conditions contributed to the terminal disease or conditio	7		FIRST		MIDDLE			LASI		181	least	alk	1	MIDDLE			Finst	(1)
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UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ? P.M. 5 10 1979 Driver of auto/fixed object impact	-	ATI	19a. DATE O	FOPERATION	191	. CONDIT	TION FOR	WHICH OP	ERATION	WAS PERF	ORMED?	0.00		il.		18	20. AUTOP	SY?
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S CONTRIBUTING CAUSE OF DEATH ? P.M. 5 10 1979 Driver of auto/fixed object impact	2	CER						DAY YE	AE 21c.	ULNI WOH	RY OCCUR	RED (ENTE	R NATURE OF	INJURY IN ITEA	M 18 PAR	T 1 OR PAR	RT 2]	
216. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.] STREET R. 755 Edgewood Harford Md.		CAL	CONTRIBUT	ING CAUSE OF	DEATH	? P.M	. 5	10 197	9 D			uto/f	ixed	objec	ct_:	impa	ct	
AT WORK AT WORK Street Rt. 755 Edgewood Harford Md.		AEDI	21d. INJURY	OCCURRED					21f. I				CITY OR 1	IOWN		cou	INTY	STATE
	-	~	AT WORK	AT WORK	x				R	t. 75.	5	100	Edgev	vood		Har	ford	Md.
22a, I certify that I taak charge of the remains described above, held an Autopsy 🔼 Inspection 🔲 . Inquiry 🔲 , and in my apinian	3		death resul	ted fram: Natu	ral causes		Accident	X,	Suicide [J., Ha	micide	Unde	etermined i	manner [],			
death resulted fram: Natural causes , Accident X, Suicide , Hamicide , Undetermined manner ,			4004	11		10	0.4			TITLE	(SPECIFY)							
death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,			ACTUAL SIGNATURE	Ungi	nig	Zh	Jolan	ny	1	M.D. As	sista	nt ME	DICALEXA	AMINER		SIGNE	_D 5/11	./79
death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) ACTUAL DATE 5/11/79	2		EXAMINER'S	NAME Vir	ginia	ı L.	Dolar	1, M.D		ADDRES	S		11	ll Per	nn S	Stre	et	
death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE			JRIAL, CREMA		23b. DATE		235	MAME OF C	EMETERY			23d.	LOCATION			COUN	NTY .	STATE
death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE		-6	Buri	al	5/:	15/79	1 19	lenh	Lave	1		X	Inte	rla	nd		Flax	ida)
death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE		24. E	JNERAL DIRE	CTOR		ADDRESS				,	25a. DAT	E REC'D.	BY REGIST	RAR 25b. R	REGIST	RAR'S S	IGNATURE	
death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE		0	udla	WHC	atry	all	-152	19 6	na	rika	4	IUN I	2 19	791	per	Lead	MACON	2007



FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED-NAME 2a. DATE KNOWN Month (Type or Print) ESTI DEATH MATED 3 SEX 6. AGE (In years 2c DATE PRONOUNCED DEAD DATE OF BIRTH 2d. HOUR lost birthday) DAYS HOURS Departme Yeor PM3 CAMO 7a. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED along with farm Maryland U.S.A. WIDOWED the State 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 24 hours after death. 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
Fallston Gen. Hospital Union Electrician 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY, OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY 3 onowiha ward "pending" in pencil in Item 19 the Chief Medical Examiner's Office land 2 Middle 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Kling John Komornik Myrtle W. E. haurs pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 501 Wise Ave. 301 W. PRESTON STREET, This certificate should be executed within (Yes, ng. or unknown) Balto.MD 21222 212-40-0143 Eileen M. Komornik APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF the ward stoting the underlying couse .= farwarded ta DIVISION OF VITAL RECORDS, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT_NOT RELATED TO THE TERMINAL DISEASE, OR CONDITION GIVEN IN PART I(a) OS or temoval, 19a, DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES T 4 should be 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. MEDICAL EXAMINER: crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City of Town County WHILE NOT WHILE AT WORK FUNERAL DIRECTOR: Page director. Page 220. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry ond in my apinian Natural causes Suicide Homicide death resulted fram: . Accident Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) ADDRESS(Street, city, tawn, or caunty) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City of Town) (County) (State) REMOVAL (Specify) Maryland Gardens of Faith Baltimore 5/29/79 Burial 2So. REC'D BY REGISTRAR Duda-Ruck, Inc. **ADDRESS** 25b. REC RAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) 1DM - 1/69 7922 Wise Avenue, Dundalk, MD 21222 DATIMAY

MARYLAND STATE DEPARTMENT OF HEALTH



FOR - STATE

REGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-12396

		CEASED NAME	FIRST	MIDDLE	,	LAST	28 DATE OF DEATH	MONTH DAY YEAR	R 2b. HOUR
	(117)	C	arrie	H.	Little		May 1	9.1979	1172 M
	3. SE			RACE	5. DATE (AGE (IN YEARS LAST BIR		
		Female	5.	White	Aug	. 21 1899	79	YRS DA	AYS HOURS MIN
9		RTHPLACE (STATE OR	OREIGN 76	CITIZEN OF WHAT CO	DUNTRY?	D NEVER MARRIED	BALTIMORE CITY	OR COUNTY OF DEATH	н —
and 35		Md.		U.S. A.	WIDOWI		Harfor	~	MD
o o	10 C	TY OR TOWN OF DE	ATH 11		L, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT		D OF BUSINESS OR
106	40	vie de Gr	aco l	LIPPOT IN SUCH FACILITY,	GIVE STREET HODRESS)	Hospital	(TYPE OF WORK FOR MOST	of working (IFE) INDUST	Stances
e -	USU		ISING HOME OR OTH	HER INSTITUTION, GIVE RESID	ENCE BEFORE ADMISSION)		In conces appress		0
235	130	MI	Hory	Ford DA	clination	YES NO X	13e. STREET ADDRESS	asHeton 1	Kd .
iner	14. F/	THER'S NAME	177077	71 YES	1	15 MOTHER'S MAIDEN NA		// 3 /// C/ V// /	102
120		Fred	MIDI	//	LAST PC	Hart	MIDDLE	Ho	n PI
7		VAS DECEASED EVE		D FORCES? 146 500	IAL SECURITY NO.	17 INFORMANT	ADDR	ESS	" 9
E E	((ES, NO OR UNKNOWN)	(# YES, GIVE W)		-03-374	Mrs. Andr	e. Blake	Darline	ton Md
<u> </u>			TH (Enter only o	one couse per lum for I		1	1 1	0ETW	ROXIMATE INTERVAL
		PART I. DE ATH V		SY /pm	o. bon Das	cular Asi	dent		
		434-	IMMEDIATE	DUE TO, OR AS-A	1	1	1 0 0 1 1 1		
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		gove rise to im	mediate	DUE TO, OR AS	ONSEQUENCE OF A	1	0 1		
-		underlying cous		DOE TO, OR AS	reparel	1 On New Bar	Verseis		
		PART 2 OTHER SIG	NIFIC NT CQ		TING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PAR	T 1(o)
	CERTIFICATION	Hyp	entereil	Ve Bakerd	mlero H	V treat de	Kons/		
G	S	190 DATE OF OFER	ATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	
7	E	0/					YES NO	YES	NO [
0 ()	Ü	210. ACCIDENT WAS UP		HOUR A.M. MO	NTH DAY YEAR	21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART 1 OR PART	2)
E (₹ V	(IF EITHER, NOTIFY MEDI		P.M.	19				
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, ke	2	AT WORK AT W	ORK		,,				
E S		220.1 certify that ((this hospital)	ottended the deceas	~ ~ ~	-17 19 79	7. 10 3-	19 1979	, that (I) (we) los
7		sow the deceo	sed olive on (did) (did not) v	new the body ofter sec	oth. 19 79, o	nd that in (my) (our) opinion	death accurred on the o	late and hour and from	The couses stated
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3	23o. §	URIAL, CREMATION	REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	L '	Buria	/	5/23/79	Tabe	rnacle	Whitef	and Hert	ord Co. M
)M	24. FI	INERAL DIRECTOR			DDRESS	25e DA	TO BY REGISTRA	25b. REGISTRAR'S SIGI	Mr. Cready
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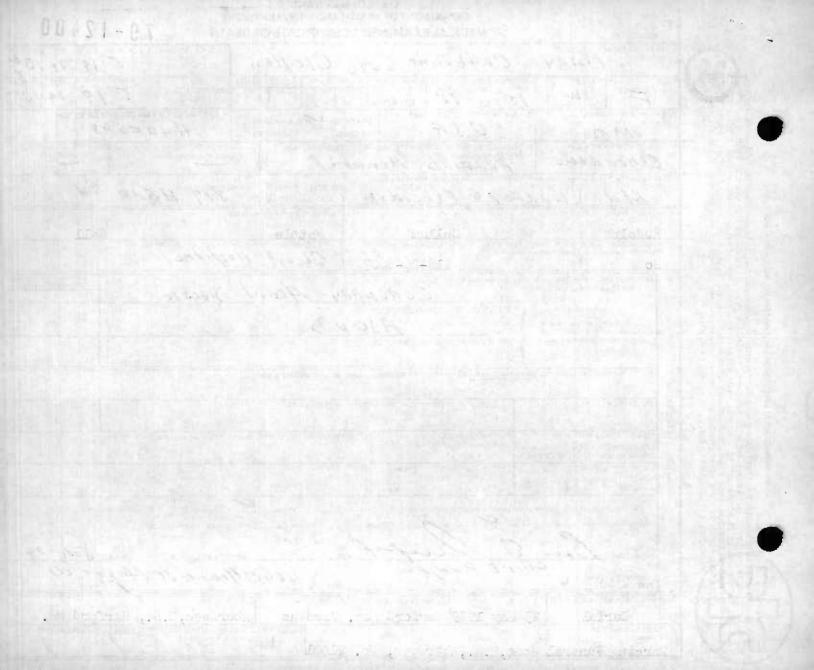
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20 DATE OF DEATH 1. DECEASED NAME 26 HOUR (TYPE OR PRINT) 20 ennett AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE MONTH YEAR auc 53 Z 3-7a. BIRTHPLACE TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH ISTATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY None anua lescent BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Hesterberg MIDDLE 2 Sadler ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH Enter only one couse per line for (a , (b), and ic PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. IMMEDIATE CAUSE 10 ROPOUNY Canditians, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? be YES [NO T and Mental Hygi 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 F HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 Her 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY STREET CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the defeased from sow the deceased alive an, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 17h SIGNATURE 22c. DATE SIGNED ATTENDING MPORTANT. IF MEDICAL should be detor PHYSICIAN DIRECTOR | PHYSICIAN FUNERAL 12d BHYSICIAN'S NAME ITTHE COMMIN 22e ADDRES 0 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY STATE Cremation 1979 Westview Mem. Park Baltimore Md. 250. DATE REC'D. BY REGISTRAR 250. REC STRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VRA 15 (4)) Howard K. McComas III, Abingdon, Md.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 2ª DATE OF DEATH MONTH 7h HOUR (TYPE OR PRINT) 12-HARVEY '05 3. SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS MONTH CAY 1921 DAYS HOURS 70. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY U.S.A. VIRGINIA WIDOWED DIVORCED | 10 GITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 17h KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVENTREET ADDRESS) TOPE TITES INDUSTRY OSPITA ARFORD 1 F. MORIAL USUAL RESIDENCE, (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13g STATE 134 INSIDE CITY LIMITS? HARFORD FOOLE 0 ARLINGTON NO 50 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST GEORGE OLIVE NSCORE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ond (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 204-03-2831 LILLIAN B. MAYS, DARLINGTON, MD. ES APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IS CAUSE OF DEATH (Enter only one cause per line for (o), (b), and is PART I. DEATH WAS CAUSED BY: esperation IMMEDIATE CAUSE IO DUE TO OR AS A CONSEQUENCE OF tastusis to Canditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. arcanon PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE AND CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20h IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED à ò IN CERTIFYING CAUSES OF DEATH? NO YES [DIVISION OF VITAL Mentol Hyg 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) B 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY ö CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET STATE NOT WHILE WHILE AT WORK AT WORK 220 I certify that (I) (this hospital) attended the deceased from DIRECTOR sow the deceased olive an. and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body after death detoched to SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF ± PHYSICIAN DIRECTOR PHYSICIAN AN be St 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b PORT 230 BURIAL CREMATION REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN (SPECIFIA) BELAIR MEM. GONS. MARYLAND BURIAL DELAIR HARFORD 24 FUNERAL DIRECTOR DHMH-16 20M JOHN H. HARKINS DELTA. (VRA 15, 4) 7/78

×			500	STATE OF MARYI	LAND	
3	, 4	1-	FOR STATE	DEPARTMENT OF HEALTH AND		12/00
-		1.05	REGISTRAR CEASED NAME FIRST	MEDICAL EXAMINER'S CERTI	IFICATE OF DEATH REG. 70.9	-12400
	8	(TYF	CEASED NAME FIRST E OR PRINT) MARY	Catherine HC C	lellan 20. DATE KNOWN M OF ESTI- DEATH MATED	5 19 19 79 18 25 HOUR
	Y, PLEA	3. SEX	E 1. RACE S.	DATE OF BIRTH MONTH DAY YEAR 1 CONTROL OPER 1 ACT BIRTHDAY MONTHS DAY OPER 1 OPER 1 MONTHS DAY		ONTH DAY YEAR 24 MOUR 1 19 19 10 31
	SSAR RAL IIN STO	7a. B	RTHPLACE (STATE OR 7)	CITIZEN OF WHAT COUNTRY?	2 BALTIMORE CITY OR C	
	FUNERAL 5 FOR WITHIN W. PREST		REIGN COUNTRY)	U J / WIDOWED	DIVORCED HARE	MD MD
	LAY IS O THE PAGE FILE 301		aber deen	NAME OF HOSPITAL, NURSING HOME, OR OTHER INST (IF NOTIN SUCH FACILITY, GIVE STREET ADDRESS) HARIORD TEMBERS	TITUTION 126. USUAL OCCUPATION (TYPE OF A FOR MOST OF WORKING LIFE)	WORK 12b. KIND OF BUSINESS OR INDUSTRY
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MD. 2	H. I 3. 3. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	14. F	ATHER'S NAME	IDDLE LAST 15. MC	OTHER'S MAIDEN NAME	LAST
m,	RA PAND 2		Rudolph		Attie	Ball
MOR	FTER DE FORM FORM ON OF	16a. V	VAS DECEASED EVER IN U.S. ARME	FORCES? 166. SOCIAL SECURITY NO. 17. INF	ORMANT ADDRESS	Data
BALTIMORE,	SGIZA		Vo.	218-26-8807	That Hospital.	
	DURS IB. G WIT. PA DIVI		18. CAUSE OF DEATH (Enter only of	ne cause per line for (o), (b), and (c),	-1 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N ST.	N 24 HOU A ITEM 1B. ALONG V T PERMIT. YGIENE, D		PART I DEATH WAS CAUSED B	1 DESTIFEU	Heart DIHELE	BETWEEN ONSET AND DEATH
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P. E.	UTED WITHIN N PENCIL IN EXAMINER, ITAL-TRANSIT MENTAL HY		Conditions, if any, which gave rise to immediate	ASUVI		
3	PENC AMII		couse (o) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF		
301	ECUTED WITHIN 3" IN PENCIL IN AL EXAMINER A BURIAL-TRANSIT IND MENTAL HY IND OR REMOVAL		lying coose lost.	(c)		
ORDS,	3724 - 5	N	PART 2 OTHER SIGNIFICANT CONDITIONS CON	<u>RIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR COND	DITION GIVEN IN PART I (a).	
Z EC	SHOULD BE ORD "PENDI! CHIEF MED AS OF HEALTH	ATIC	196. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERF	FORMED?	20. AUTOPSY?
ITAL	SHOUL ORD "P CHIEF BE USE IT OF HI	IIFIC				YES NO N
DIVISION OF VITAL RECORDS,	S CERTIFICATE SHO RITING THE WORD RDED TO THE CH RE 3 SHOULD BE U E DEPARTMENT OF I PRIOR TO BURIAL,	AL CERTIFICATION	210 EXTERNAL CAUSE WAS	HOUR A.M. MONTH DAY YEAR	URY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART	
ISIO	FULLAR	MEDICAL	CONTRIBUTING CAUSE OF DEA	TH P.M. 19 21e. PLACE OF INJURY (ATHOME, 21f. LOCATION	4	
ΔIQ	AAA AA	ME	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
	ATE, FORV FORV FORV FORV FORV FORV FORV FORV	190	22a. I certify that I took charge o	the remains described above, held on Autopsy	, Inspection , Inquiry , ond in	my opinion
	XAMINE ERTIFICA ID BE FO IRECTOR WITH THE		death resulted from: Natural	auses . Accident, Suicide . Ho	amicide . Undetermined manner .	
	ERA ILD DIRE WIT ARYL			P // , D TITL	LE (SPECIFY)	
	HE HOUTH		SIGNATURE LUCE	E / suy of M.D.	MEDICAL EXAMINER S	DATE 1-60-79.
	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORD. TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21;	ripe)	EXAMINER'S NAME 4	ADDRES	ss 464alleance ST. 14	pu di
	PAC PAC	23a.BI	JRIAL, CREMATION, REMOVAL 236.	DATE 23c. NAME OF CEMETERY OR CREM		COUNTY STATE
	BP	1	Burial 2	May 1979 Harford Mem. Gar	rdens Aberdeen, R.D.,	Harford Md.
	DHMH - 17	24. FI	INERAL DIRECTOR	ADDRESS	256. DATE REC'D. BY REGISTRAR 256. RECISTRA	AR'S SIGNATURE LAND
	(VR A15 ME (5)) 15M 7/77	T	arring Funeral H	ome.P.A. Aberdeen, Md. 2100		/ /



		FOR	DI		OF MARYLAND	HVOIENE	- 1 0 1	
	1-	STATE			ALTH AND MENTAL R'S CERTIFICATE		9-12401	
	1. DE	REGISTRAR CEASED NAME A FIRST		AIDDLE	LAST .	20. DATE KNOWN	MONTH DAY YEAR	Zb. HOUR
EI,		EORPRINT) AIM	12 3	ŧ M	Farland	OF ESTI- DEATH MATED	35 17,079	53A
N STRE	3. SE)	Female CONC	5 DATE OF BIRTH	YEAR LAST AIRTHDAY) YEAR YEAR LAST AIRTHDAY) YRS.	MONTHS DAYS HOURS	PRONOUNCED DEAD	MONTH DAY YEAR	2d, HOUR
PRESTON		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHA	T COUNTRY?	MARRIED NEVER MAR	9. BALTIMORE CITY	OR COUNTY OF DEATH	
175	Company of the last of the las	Exusylvania	4.8.4		IDOWED DIVOR		rord	MD
35	10. C	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACIL	TAL, NURSING HOME, C	R OTHER INSTITUTION	120. USUAL OCCUPATION (T FOR MOST OF WORKING LIFE)	PE OF WORK 12b. KIND OF BUS OR INDUSTR	SINESS
35		L RESIDENCE (IF IN NURSING HOME)	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION) 131. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	on Rd Fallston	Md
	14. F	THER'S NAME			15. MOTHER'S MAI	DEN NAME	1101.601	1 00
20		Edward	WIDDLE	KNAWBY	Alme	MIDDLE	STEVENSON)
1	16a. V	AS DECEASED EVER IN U.S. AR	WAR OR DATES)	166. SOCIAL SECURITY N	O. IT. INFORMANT	194) 879-2572 ADDRE	55 Guyton Road Ston, Marglan (210	047
		18. CAUSE OF DEATH (Enter or	ly ane couse per line fo		1	The state of the s	APPROXIMATE BETWEEN ONSET	INTERVAL
		PARTI DEATH WAS CAUSE	D BY: TE CAUSE (o)	-graige	ALFEZL		BETWEEN ONSET	AND DEATH
AL	10	Conditions, if ony, which		A CONSEQUENCE OF	levotic Ho	eart Disease		
REMOVAL		gove rise to immediate	(b)1	1 1 16/1026	JEROLIC III	5911 N126526		
-		couse (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS	A CONSEQUENCE OF				
		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERMINAL	DISEASE OR CONDITION OF THE IN	BART 5 / S		
	N	Vomit	ina Del	morestown	DISCUSE OR CONDITION DIVEN IN	PART 1 (d).		
-00	CERTIFICATION	190. DATE OF OPERATION	196. CONDITIC	N FOR WHICH OPERATI	ON WAS PERFORMED?	THE STATE OF THE S	20. AUTOPSY?	
3	TIF						YES 🗌	NO 🔯
3		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		JURY MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITEM	8 PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF STREET, FACTOR	INJURY (ATHOME,	If. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	-	AT WORK AT WORK				01 10111	555.11	STATE
		22a I certify that I took charg	ge of the remains descri	ped abave, held on	Autapsy , Inspect	ion Inquity .	and in my apinion	
	1	death resulted from: Natu	ral couses A	ment , Suicid	e . Homicide .	Undetermined manner	,	
		ACTUAL 1/1	lhad K	Amon	TITLE (SPECIFY)		DATE []]	79
_		SIGNATURE	my	1.11.017	M.D. WERT De	MEDICAL EXAMINER	DATE SIGNED	, ,
The state of the s		EXAMINER'S NAME (TYPE OR PRINT)	11914 KK	mo22	ADDRESS 2401	+ Pleasantville	Rd, Fallston in	M
2	- {5	JRIAL, CREMATION, REMOVAL		23c. NAME OF CEMET		23d, LOCATION CITY OR TOWN	COUNTY STA	TE
			May 19, 1979		Aily Cemetery	Battoner Batto	MOTE CON MANUEL	
)	->	MERAL DIRECTOR	ADDRESS ADDRESS	chang & William	3 30	MAY 1 8 1979	Justing 1	dy
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Frankling Committee	grand .	
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TO DOSTITAL CHESTICANING PRISTURATE THE TOW requires that the death certificate be executed within 24 hours after decisit, rage 4 may retained by the hospital or attending physician	
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, and should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed within 72 hours often	
with the State Dept- of Health and Mental Hygiene prior to burial, cremotian, or removal.	
IAPORTANT: If hem 21 is marked or hem 18 shows any injury, at ather troumatic event, the medical examiner must be patified at once.	
33.33	

STATE OF MARYLAND

Aberdeen Md.

12102

	1 -	STATE REGISTRAR	DEFA	CERTIF	ICATE OF DEATH	REG. N	79-12	402
	1 DE	CEASED NAME FIRST OR PRINT)	Alice	1	looce	20. DATE OF DEATH	MONTH DAY YEAR	26. HOUR 433
	3. SE	Female	White	S DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	YRS MONTHS DA	AYS HOURS MIN.
	/a Bi	RTHPLACE ISTATE OR FOREIGN OUNTRY)	U.S.A.	MARRIEI WIDOWE	DINEVER MARRIED DIVORCED	HARFO	OR COUNTY OF DEATH	MD.
1	10 CI	AND CO COMPOSITION OF DEATH	11. NAME OF HOSPITAL, NURS		HOSD.	128 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemaker	OF WORKING LIFE) INDUST	ID OF BUSINESS OR TRY
	13a S		13c CITY OR TO		134 INSIDE CITY LIMITS? YES 🔼 NO 🗌	13. STREET ADDROSS 525 PAI		Rs
1	14 FA	Graffon	White for	nd .	15. MOTHER'S MAIDEN NA	ME MIDDLE	Dilla	LAST 2
	160°V	VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 16b. SOCIAL SE EWAR OR DATES) 217-18-		Nathien E.Cr	ADDR	ess Marylar Paradise Ro	
		Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last		QUENCE OF	gestive.	Linfa Leart	failu	EIN COOSET AND DEATH
7	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	
7		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR			
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		21f LOCATION STREET	CITY OR TO	WN COUNTY	STATE
		saw the deceased alive on	of view the body after death.	79.00	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	death occurred on the d	FF	the couses stated ATE SIGNED TYLING
	23a B	URIAL, CREMATION, REMOVAL			EMETERY OF CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	24 FL	JNERAL DIRECTOR	ADDRESS	o.raul	S Lutheran Ce	14 1 2 0 0 2 0 0 0 2 2	25b. REGISTRAR'S SIGN	

DHMH-16 20M (VRA 15, 4) 7/78

19-12402 Market and the second of the s FOR

- STATE

24 FUNERAL DIRECTOR

DHMH-16 20M (VRA 15, 4) 7/78

79-12403 CERTIFICATE OF DEATH REGISTRAR REG NO LAST I DECEASED NAME 2a DATE OF DEATH 2b. HOUR 21-17 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS HOURS BALTIMORE CITY OR COUNTY OF DEATH ARFORD 12e USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) LAST SOMOMIA ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) ion 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN

STATE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

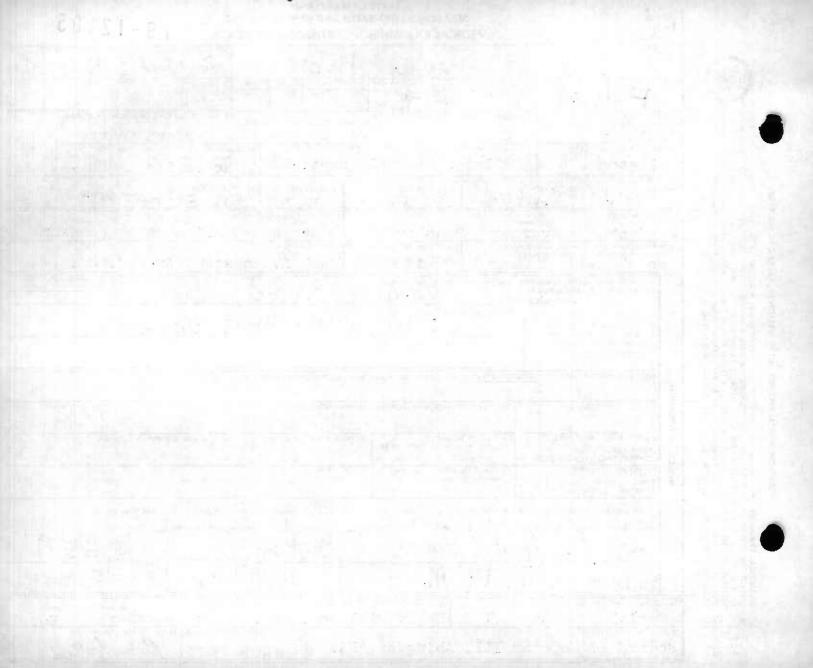
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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VA			FOR	STATE OF MARYLAND	Carlo San Landar
14		1-	STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	405
		1 DE	REGISTRAR CEASED NAME FIRST	REG. INC.	
	0		E OR PRINT)	DATE KNOWN MONTH	DAY YEAR 26. HOUR
	(编版)	3. SE	PELLIA) 19/7/3AMM
i	1141	J. 5E.		S DATE OF BIRTH MONTH DAY YEAR LASLBIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	DAY YEAR 2d. HOUR
	40000	7 0	RTHPLACE (STATE OR	1 9 04 75 YRS. DEAD	19 M
	S S R R R R R R R R R R R R R R R R R R	FC	REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY	
	ZZ0 -3 -	Ke	entucky TY OR TOWN OF DEATH	USA WIDOWED DIVORCED Harford Coun	
	LAY IS O THE PAGE FILED.		illston	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IEPOTAL SUCH FACILITY, GIVE STREET ADDRESS) TAILSTON GENERAL HOSPITAL 120. USUAL OCCUPATION (TYPE OF WORK IN ITEM OF THE PROPERTY	2b. KIND OF BUSINESS OR INDUSTRY
21201	ATH. IF ANY DELA S 1, 2, AND 3 TO PM 3. RETAIN PA D 2 SHOULD BE F VITAL RECORDS, 3	13a. S	TATE: 13b. COUNT		YiVe
	2, A 3, 1 3, 1 1, SH	14. F	THER'S NAME	15. MOTHER'S MAIDEN NAME	7 17 (
MD	ST. ST.		FIRST	MIDDLE LAST FIRST MIDDLE	LAST
ORE,	AGES AGES ORM P 1 AND	16s. V	AS DECEASED EVER IN U.S. ARA		Johnson
BALTIMORE,	AFTE IVE P H FC GES SION	(A	S. NO, OR UNKNOWN) (IF YES, GIVE	#02-28-6057 Jack R. Hogsten, Arnold,	Md.
8	HOURS A 18. GI AG WIT. PA MIT. PA VE, DIVIS		18. CAUSE OF DEATH (Enter an	ly one couse per line far (a), (b), and (c). N	APPROXIMATE INTERVAL
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PRESTON	N 24 A ITE ALO Y G IE	-	4/40	DUE TO, OR AS A CONSEQUENCE OF	
RES	UTED WITHIN FENCIL IN PENCIL IN EXAMINER RIAL-TRANSIL ON MENTAL HIS OR REMOVA		Conditions, if any, which gave rise to immediate	Arteriosclerotic Heart Disease	
₹	TRA TRA	1	cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE OF	
301	RIAL OR OR		lying cause last.	(c)_	
ibs,	JULD BE EXECUTED WITHIN 24 HOUR: "PENDING" IN PENCIL IN ITEM 18. C "PENDING" IN PENCIL IN ITEM 18. C "SED AS A BURIAL-TRANSIT PERMIT. P F HEAITH AND MENTAL HYGENE, DN CREMATION, OR REMOVAL.	13	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
DIVISION OF VITAL RECORDS,	A S S S S S S S S S S S S S S S S S S S	MEDICAL CERTIFICATION			
I R	SHOULD ORD "PER A CHIEF A CHI	CAT	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
1	587303	TIE			YES NO
9	S CERTIFICATE SPRITING THE WORRDED TO THE CREATED SEE TO SHOULD BE E DEPARTMENT (PRIOR TO BURIA	O.	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 16 PART) OR PART	2)
NO NO	RTIFICATI IG THE W TO THI SHOULD PARTMEN OR TO BU	CAL	CONTRIBUTING CAUSE OF D	DEATH P.M. 19	
N N	CER 3 S DEP PRIO	MED	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (ATHOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUN	ITY STATE
٥	WRI WRI WARE AGE TATE		AT WORK AT WORK		31712
	HINER: THIS CERT FICATE, WRITING IE FORWARDED TOR: PAGE 3 SH 1 THE STATE DEPA AND, 21201 PRIOR		22a. I certify that I toak charge	e of the remains described abave, held an Autapsy . Inspection Inguity . and in my opin	ian
	AMINER: RTIFICATE BE FOR RECTOR: ITH THE S YLAND, 2			Accident , Suicide , Hamicide , Undetermined manner ,	
	EXA CERT JID DIRE WIT	-	11/1		-1-1-A
	AL ENTH		SIGNATURE // VM	M.D. TITLE (SPECIFY) MEDICAL EXAMINER DATE SIGNED	5/5/19
	DIC TE TI		EVALUE TA /	11 10 A an auditologist of his mi	CILL MI
	TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRIT PAGE & SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 P		EXAMINER'S NAME (TYPE OR PRINT)	11840 1 MOSS ADDRESS 4404 P 1803 BN VI 11 RV	-5120VA
	P P P P P P P P P P P P P P P P P P P	(S	RIAL, CREMATION, REMOVAL 23	CITY OF TOWN COUNTY	Y STATE
	BP		Surial M	ay 8,1979 Holly Hill Mem. Gard, Baltimore (Balt	to) Md.
	DHMH - 17 (VR A15 ME (5))			mas III. Abingdon, Md. 250. Date REC'D. BY REGISTRAR'S SIG	NATURE
	30M 7/73	11(waru K. MCCO	mas III, Abingdon, Md. MAY 8 1979 finger	Helherdy



70 /	1		STATE OF MARYLAND	
1 3			FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0.6
			REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0 0
	M 2		FECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH DAY OF ESTI- DEATH MATED 3. AGE (IN YEARS IF UNDER 1 YR. IIF UNDER 24 HRS. 2c. DATE MONTH DAY OF DATE OF DEATH MATED 4. AGE (IN YEARS IF UNDER 1 YR. IIF UNDER 24 HRS. 2c. DATE MONTH DAY	1979 3 4 M YBAR 2d HOUR
SARY, PL	YOU YOU IN 72		MONTH PAY YEAR LAST BIRTHDAY MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 5-3	1979 3 12 M
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21201 IF ANY	8. GIVE PAGES 1, 2, AND 3 TO WITH FORM MA. 3. RETAIN F PAGES 1 AND 2 SHOULD BE DIVISION OF VITAL RECORDS,	6	ACRESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 13d. (ITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS ATHER'S NAME 15. MOTHER'S MAIDEN NAME	•
MD ATH	PAGES 1, CORM PM S 1 AND 2 IN OF VITA	4	was deceased ever in u.s. armed forces 166, social security no. 17 Aformant Address of	2000
BALTIMO	GIVE PANTH FOR PAGES INISION	[YI	Jes (Jellman We 200-401183) Juilth Paultonus Williams	second st
ESTON ST., BA	N ITEM 1 ALONG IT PERMIT IYGIENE, AL.	,	18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which	RPROXIMATE INTÉRVAL WEEN ONSET AND DEATH
30	IN PENCIL II L EXAMINER URIAL-TRANS VD MENTAL H V, OR REMOV		gave rise to immediate cause (a) stating the <u>under-lying cause last.</u> (b) DUE TO, OR AS A CONSEQUENCE OF (c)	
VITAL RECORDS,	MEDING" MEDICAL AS A BUI ALTH AND	NOI	PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
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DIVIS THIS CER	WARDED 1 PAGE 3 SH STATE DEPA T201 PRIOR	ME	WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.) THE CONOMINGO RECIONAL AT WORK AT W	· MD
5	O. 6 F F.) /		27a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinian death resulted fram: Natural causes : Accident , Suicide , James Undetermined manner ,	
	THE CERTIFICATION SHOULD BE BRAL DIRECT ATH, WITH RE, MARYLA!		ACTUAL SIGNATURE TITLE (SPECIFY) M.D. SEPUTY MEDICAL EXAMINER SIGNED S	13/29
O MEDI	EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA	23n RI	EXAMINER'S NAME LUIS E. RENJEL MD. ADDRESS 464 ALLIANCE ST. HAVRE SURIAL CREMATION, REMOVAL 236. DATE 1286, NAME OF CEMETERY OF CREMATORY [236, LOCATION]	Ď
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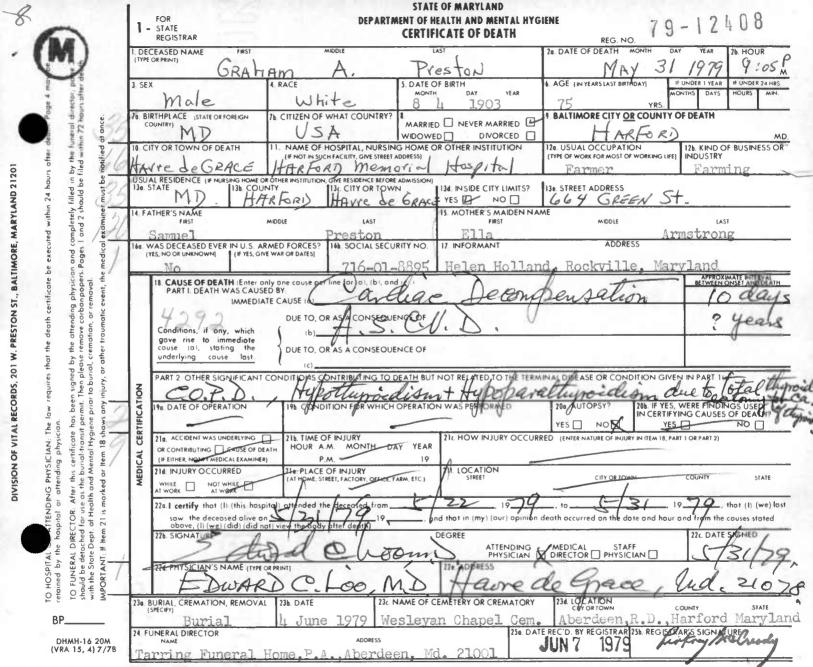


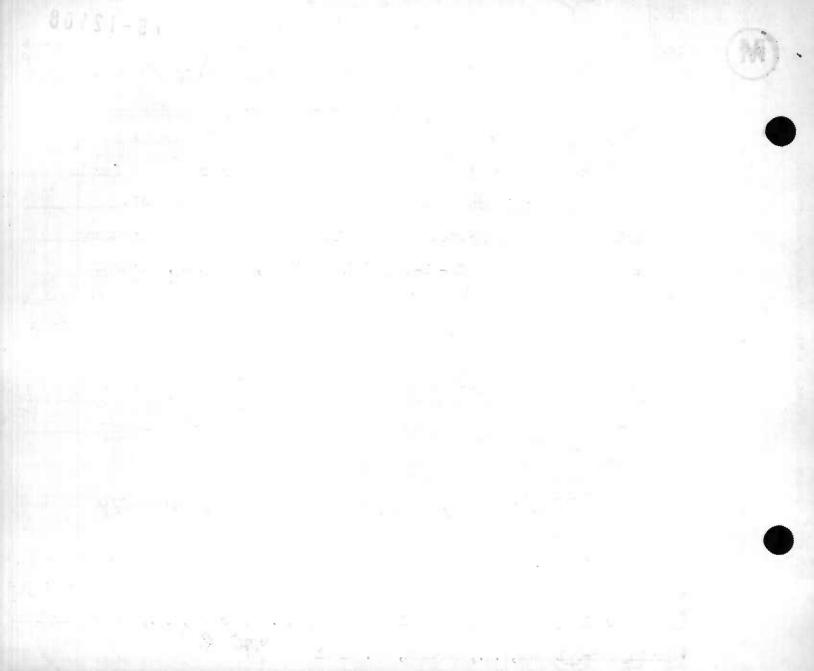
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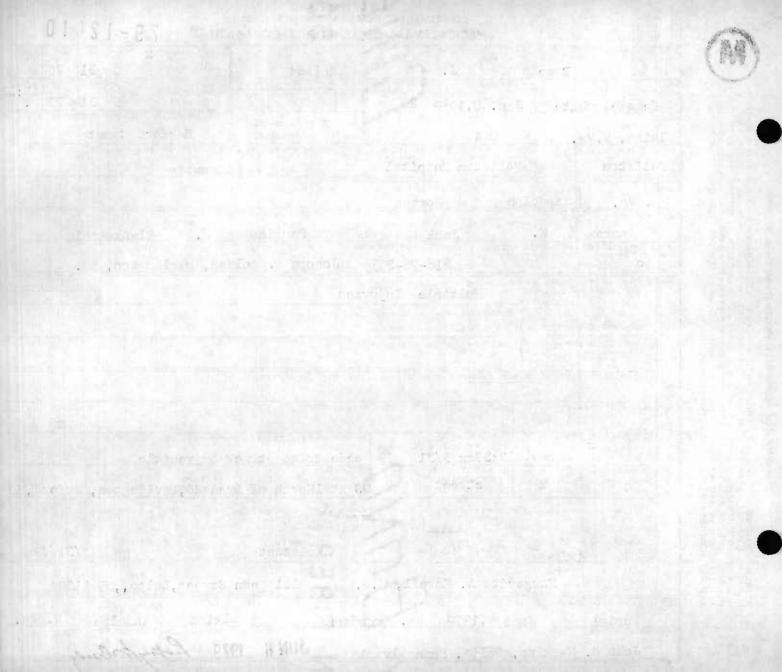
Funeral

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MONTH 2b. HOUR IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS 9. BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY LAST Charles 21001 Aherdeen APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 77c DAI PHYSICIAN DIRECTOR PHYSICIAN Aberdeen.R.D., Harford Maryland 250 DATE RECID REGISTRAR 256. REGISTRAR & SIGNATURE Home . P. A . . Aberdeen . Md .





2.	one. all de		FOR Item		-21f. &	DEPARTMENT	F HEALTH	AND MENTA	Items ALHYGIEN	21a	211. &	22a. Fi	1m#55c
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	3. S. F.		EASED NAME	SAN	DX	RENE	E 7	PRICE	3	2a. DATE KN OF E DEATH M	STI-	THE DAY YEAR	9 1/2
	SARY, PLEASE ALONECTOR. OUR FILES. 72 HOURS NI STREET,	3. SEX	F	RACE	5. DATE OF BIRTH	, –	N YEARS IF UN		IDER 24 HRS.	2c. DATE PRONOUNCE DEAD	D 5	TH DAY YEA	R 2d HOUR
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RE, MD. 3	DEATH. 12, 2, 2, M PM 3, AND 2 S	5	THER'S NAME OFFIST		MIDDLE /	PRICE		15. MOTHER'S M.	Fler	114	Relor	1 Evelv	
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OF VITAL RECORDS,	SHOULD ORD "PEI CHIEF A BE USED IT OF HEAR	CERTIFICATION	19a. DATE OF O	PERATION	196. COND	ITION FOR WHICH O	PERATION W	AS PERFORMED?		000		20. AUTOPS	
ON OF V	THE WCOULD B HOULD B ARTMENT		210 EXTERNAL UNDERLYING CONTRIBUTING	CAUSE WAS OR CAUSE OF D	216. TIME O HOUR_A_A	M MONTH DAY Y	EAR	OW INJURY OCCU	JRRED (ENTER!	NATURE OF INJURY	IN ITEM 18 PART 1 C	OR PART 2)	2/9/11
DIVISION	WRITING WARDED T WAGE 3 SH TATE DEPA	ш	21d INJURY OC WHILE AT WORK	CURRED NOT WHILE AT WORK	STREET FAC	OF INJURY (AT HOMI CTORY, FARM, ETC.)	, 21f. LO	CATION Bab TREET, Iwin Man	ysitte or Ab	cmy or town erdeen		21001	Md . STATE
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	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA	23a.BU	EXAMINER'S NA (TYPE OR PRINT IRIAL, CREMATIO	ON, REMOVAL 2	1 E 1	123c. NAME OF	CEMETERY	ADDRESS 4		Q///a	uce '	St.	
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	DHMH - 17 (VR A15 ME (5)) 15M 7/77		NAME	uneral F	Iome P.A	s Aberdeen	Md. 2	1001	ATE REC'D BY	9 19	79 PEGISTRA	SIGNATURE	heady



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO MONTH 2h HOUR AGE (IN YEARS EAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS HOURS **BALTIMORE CITY OR COUNTY OF DEATH** 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Manager Restaurant 13e STREET ADDRESS Calvin ADDRESS Raymond Roudebush, Aberdeen, APPROXIMATE INTERVAL myocardial Infarction

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? YES [NO [] 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 24

COUNTY

STATE

and that in (my) (our) opinion death occurred an the date and hour and from the causes stated 22c DATE SIGNED

GRACE MD.

COUNTY STATE Wood Ohio

24 FUNERAL DIRECTOR BY REGISTRARIZER REGISTRAR'S SIGNATUR Howard K. McComas III. Abingdon,

DHMH-16 20M (VRA 15, 4) 7/78 FOR

11-121-11

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TOF TOF INES. URS	3. SE:		AREN	5. DATE OF BIRTH				/	-/			93	DAY YEAR	_ M
RY, PLEA: DIRECTO OUR FILE 72 HOUI	J. JE.	M	W	MONTH DAY	YEAR	LAST BIRTHD	MONTH	DER 1 YR. IF	OURS MIN	PRONOUN DEAD	NCED	4	12 19 79	2d. HOUR
NECESSARY, PLEASE FUNERAL DIRECTOR 5 FOR YOUR FILES. 7, WITHIN 72 HOURS W. PRESTON STREET,	7a B	RTHPLACE (STATE OF		76. CITIZEN OF WH	AT COUNT	TRY?	8. MARRIE	D NEVER		1		OR COUNT	TY OF DEATH	
SH HE	10. C	TY OR TOWN OF DE	-	11. NAME OF HOSE	ITAL, NUR	SING HOME	, OR OTHE		N 120. L	USUAL OCCU OR MOST OF WOR	DATION		12b. KIND OF BU OR INDUSTI	MD.
N PEL	LICH	edgewo		1907		hipp	er	クァ	R	eter	ed.			
21201 IF ANY DEL IF AND 3 TC SHOULD BE IL RECORDS,	13a. S	TATE Md	136. COUNT	r other institution, giv ty LFORD	13c. CITY	OR TOWN		13d. INSIDE CITY L	IMITS? 13e. S	STREET ADDRE	iss a	s a	600e.	
MD. 2 ATH. 1 S 1, 2, PM 3 40 2 S	14. F.	ATHER'S NAME FIRST	111	MIDDLE	l	AST		15. MOTHER'S FIRST	MAIDEN NA	ME	AIDDLE		LAST	
MA A A A A	16a. \	VAS DECEASED EVE	R IN U.S. ARM	AED FORCES?	16b SOC	IAL SECURITY	NO.	17. INFORMAN	NT.	HIVE	ADDRES	SS		
SOTE A	0	ES, NO, OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)		-18-6		Rom	PANA	7 M.		907	Chis	DERA
, 708		IB CAUSE OF DEA	TH (Enter and	y ane couse per line t	or (a), (b),	and (c)		. /	100	0	La aris		APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
TON ST., v 24 HOL v 17EM 18 ALONG v PERMIT.		1/90		E CAUSE (a)		Re	-	ctory	Ins	ofee.	ience	_		
ZZ Y E E E		Conditions, if	ony which	DUE TO, OR	AS A CON	SEQUENCE	OF C	,						
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DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXERTING THE WORD "PENDING" ROD TO THE CHIEF MEDICAL E 3 SHOULD BE USED AS A BE E DEPARTMENT OF HEALTH AN PRIOR TO BURIAL, CREMATION	NO		344					on condition are	En m / AAT 1 ul					
ULD UPEN PER A PER	CERTIFICATION	190. DATE OF OPER	ATION	196 CONDITI	ON FOR V	VHICH OPER	ATION WA	S PERFORMED	D?				20. AUTOPSY?	
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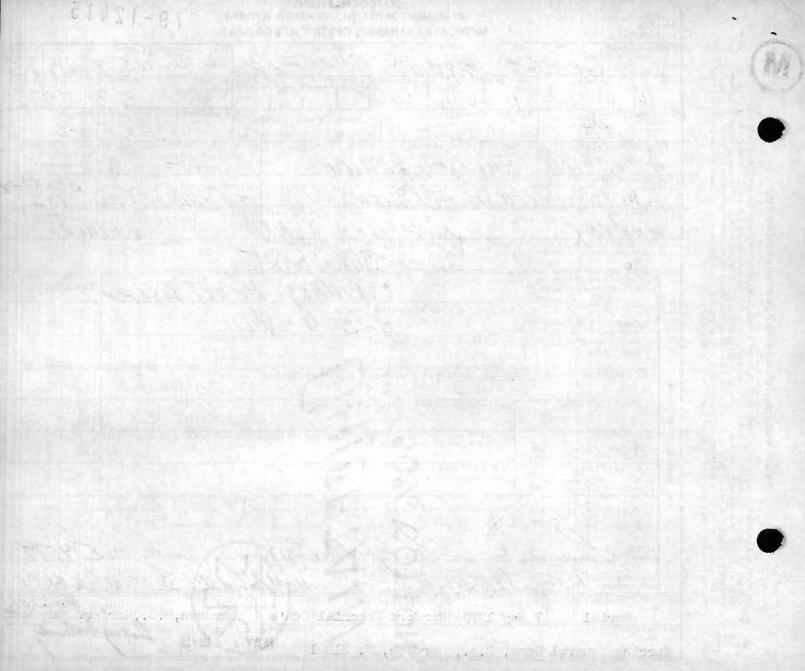
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2b. HOUR DECEASED-NAME First Middle Last 20 DATE OF DEATH (Type or print) Month Nalter Dencer 4. RACE DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX last birthday) MONTHS DAYS HDURS with 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or fareign 8. MARRIED NEVER MARRIED DIVORCED WIDOWED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done IO. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired.) BALTIMORE, MARYLAND 21201 Farmine 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) STATE 13b. COUNTY NOX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Last avenia 17 INFORMANT Address Alma T. Spencer (Yes, no ocunknown) same 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEAT PART I. DEATH WAS CAUSED BY PRESTON STREET, IMMEDIATE CAUSE (6) Carcinoma of Larynx with lung metastases Squamous cell type DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause please 301 W. p PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) Signed DIVISION OF VITAL RECORDS, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO T Mar. 9/76 Carcinoma of larvnx 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natity medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (1) (this hospital) attended the deceased fram Dec. 6/77, 19 _, to May 23/79, 19_ saw the deceased alive an Feb 27/79 causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DIRECTOR: ATTENDING PHYS. MED. DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN'S TO FUNERAL I NAME (Type) Robert Barthel 2501 Rocks Rd., Forest Hill, Md. 21050 shauld be of Health 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) ADDRESS 250. REC'D TY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

DATE

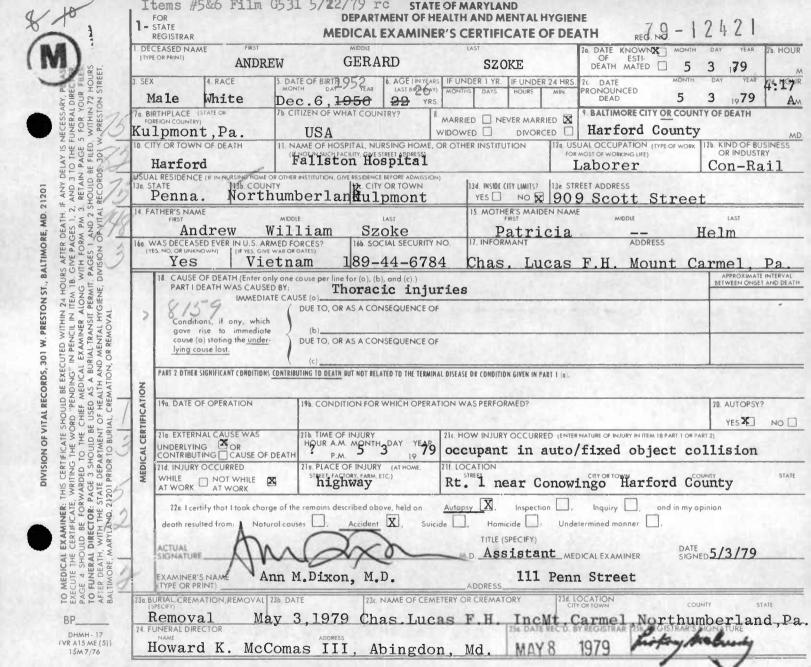
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(VR A15 (4))

BOX. T. I'L THEORY V. M. SHED. d.

OX 1.	1- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH	19
	DECEASED NAME FIRST MIDDLE 20. DATE KNOWN & MONTH DA OF ESTI-DEATH MATED 5 4	YEAR 25. HOUR
	SEX 14 RACE 5. DATE OF BIRTH 15 AGE (IN YEAR) 15 DER 1 V 15 UNDER 24 HIS 24. DATE PRONOUNCED DEAD 8. BIRTHPLACE (STATE OR 75 CITIZEN OF WHAT COUNTRY) 18 9 SALTIMORE CITY OR COUNTY OF CO	AY YEAR 24. HOUR
/ 5	T11. U.S.A. MARRIED NEVER MARRIED UNIONCED DIVORCED	MD.
3		OR INDUSTRY
£ 130.	136. STATE 136. SQUINTY FOYA 139 CITY OR TOWN 136 INSIDE (ITY LIMITY 136. STREET ADDRESS 136. STREET ADDRE	husy Lot 18
20	Jessie Sperry LAST LAST Cecilia Henderson 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS AMDDLE Cecilia Henderson 17. INFORMANT ADDRESS	LAST
	No T12-12-2925 Stella Sperry(wife)same as	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BIT 12 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
	Canditions, if any, which gove rise to immediate cause (a) stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?). AUTOPSY?
CAL CER	218. EXTERNAL CAUSE WAS 21b. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET CITY OR TOWN COUNTY AT WORK	STATE
	22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,	
0	ACTUAL SIGNATURE M.D. TITLE (SPECIFY) M.D. TITLE (SPECIFY) MEDICAL EXAMINER SIGNED	5/5/M
2	EXAMINER'S NAME WILLBYAR AMOSS ADDRESS 2404 PLEAS AMTVILLE RILL ESTATO	मान्यान मान
	Burial Cremation, removal 23b. Date 125c. Name of cemetin order that Gem. 123d. Location county Burial 5/8/79 Trinity Evan. Luth. Edgewood, 45 WHATHUREK Funeral ADDRESS 331 Brehms Lane 125c. Date REC'D. By REGISTRAR'S SIGN. Home, Inc. 1979 Fingers	Md.
74.0	450 MATERIAL PROPERTY FUNETAL 3331 Brehms Lane 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGN.	ATURE

BITTS I - B. T. P. T. S. C. S. The Court of the C and an install with the



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR - STATE REGISTRAR		TOF HEALTH AN		IENE REG. N	79-1	242	2
	CEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	Clyde	R. J	harp		Ma	2 19	779	11-PM
3 SE	X 1 4 R	ACE . S	DATE OF BIRT	Y YEAR	6. AGE TIN YEARS LAST BIRT	HDAY) IF U	INDER I YEAR	HOURS MIN
	Male	white	5 25	- 19	39	YRS		
	RTHPLACE (STATE OR FOREIGN 76. (CITIZEN OF WHAT COUNTRY?	MARRIED SENEV	FR MARRIED [BALTIMORE CITY O	R COUNTY OF	DEATH	
U	V. VA		VIDOWED	DIVORCED [HAr.	ford		MD.
10 C	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING		NSTITUTION	12a USUAL OCCUPATI		12h. KIND OF	BUSINESSOR
Ha	AL RESIDENCE (IF NURSING HOME OR OTH	HARford Memo	orial Ho	spital	TYPE OF WORK FOR MOST OF		CA	MP
13a S	STATE D HARA	113c CITY OR TOWN	134 INSID	E CITY LIMITS?	Bo + /	12		
14. FA	ATHER'S NAME		15. MOTH	ER'S MAIDEN NAM				
0	TARLIE MOD	E. THART	- H	EZLIE			ORRI	SON
	NAS DECEASED EVER IN U.S. ARMED YES, NO OF UNKNOWN) (IF YES, GIVE WAI		1000	YUBA	J. THI	ARP	+ KZ I K	n1P
	18 CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY	1/1/1	i My	o raid	aril Tuke	clin	BETWEEN OF	NATE INTERVAL
	IMMEDIATE CAUSE 10) MANUAL OF THE CAUSE 10)							
	Conditions, if any, which (b) Tylunyste - artuin clickle							V
	gove rise to immediate							
	couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF COUNTY COUNTY COURT							
	PART 2 OTHER SIGNIFICANT CON	IC)	TH BUT NOT BELA	TED TO THE TERM	IN AL DISEASE OR CON	DITIONICIVEN	INI DART I/-	
N.	TAIL E GIVEN SIGNIFICANT CON	CONTRIBUTION TO DEA	OH BOTHOT RECA	TED TO THE TERM	IIVAE DISEASE OR COIV	DII IOI4 GIVEIA	WALAKI IIO	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION WAS PE	RFORMED	20a AUTÓPSÝ? 20b. IF YES, V IN CERTIFYIF YES NO YES		WERE FINDINGS USED /ING CAUSES OF DEATH?	
CER	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOV	/ INJURY OCCURR	RED (ENTER NATURE OF INJU			
	OR CONTRIBUTING CAUSE OF DEATH		YEAR					
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211 LOC					
ME	WHILE ONOT WHILE O	(AT HOME, STREET, FACTORY, OFFICE, FARM	LETC.) STR	EET	CITY OR TOV	VN	COUNTY	STATE
	22a.l certify that (f) (this haspital)	attended the deceased from		, 19	, to	19.	, tl	hat (I) (we) last
	sow the deceased alive an above, (I) (we) (did) (did not) vi	ew the body ofter death.	, and that in (my) (pur) apinian d	death accurred on the de	ate and hour an	d from the c	ouses stated
	226. SIGNATURE AMA	1 11 ()	DEGREE		,		77c DATES	IGNED.
	1//////////////////////////////////////	1. 1/11 Xm		PHYSICIAN V	MEDICAL STATE		5/	3/79
	224. PHYSICIAN'S NAME (TYPE OR PRI	NT)	22e ADD	RESS A				/
	7.	UACHBINA		AURE,	DR GRI	ACE	121	2
	SURIAL, CREMATION, REMOVAL 2 SPECIFY)	36. DATE 236. NAM 5-3-79 DAB	LING TO A		23d LOCATION CITY OF TOWN DARLING	STON CO	HARFOI	RD STATE
24. FI	UNERAL DIRECTOR OF A	JAomedon RUS	SIN6 50	1 1 250 DATE	EREC'D. BY REGISTRAR		, , , , ,	
LP	T. FOARD FU	HERAL HOME	11	0	MAY 7 1070	tion	try pr	Bready

DHMH-16 20M (VRA 15, 4) 7/7B

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours of

should be detached for use as the burnal-transit permit. Then please remove carbon page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If them 21 is marked ar Item 18 shaws any

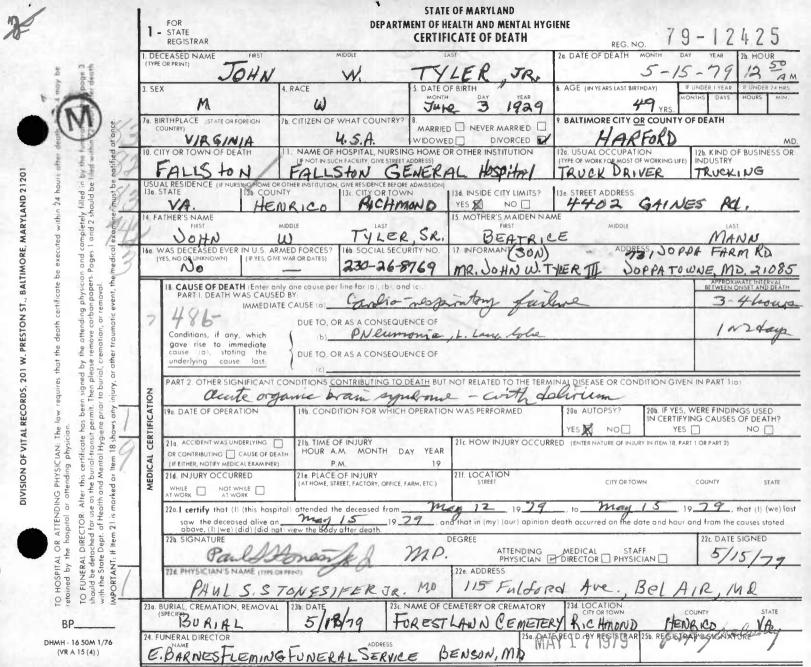
injury, ar ather traumatic event, the

requires that the death certificate be

TTENDING PHYSICIAN. The law

retained by the haspital TO HOSPITAL

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The state of the s Branch Brand on the Mill and ready and the Brand of the B THE PROPERTY OF THE PARTY OF TH All to State and the contraction of the contraction and the second of the second o

TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

STATE OF MARYLAND

	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND CERTIFICATE OF		NE REG. NO. 7	9-124	26
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	2	O. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
		A.	77		3/1	1/ 79	10.30
	3. SEX Virg	1 RACE	Instead Is DATE OF BIRTH	6	AGE (IN YEARS LAST BIRTHDAY)	14. 79	IF UNDER 24
		1 11102	MONTH OAY	YEAR	(a como a contract)	MONTHS DAYS	HOURS A
	female	White	5 10	92	87 YF	S.	
e.	70. BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY?	MARRIED 7	BALTIMORE CITY OR COU	NTY OF DEATH	
tonc		ITSA		NORCED	Hanford		
to po	10 CITY OR TOWN OF DEATH		JRSING HOME OR OTHER INS		USUAL OCCUPATION	12h KIND C	OF BUSINESS
125	REPARTS AND APPLIES	HE NOT IN SUCH EACILITY, GIVES			TYPE OF WORK FOR MOST OF WORKIN	G LIFE) INDUSTRY)
noot		Citizens Nur			Housewife		
t be	USUAL RESIDENCE IN NURSING HOME OR 130. STATE	OTHER INSTITUTION, GIVE RESIDENCE		CITY LIMITS? 13	Be STREET ADDRESS		
mus				NO []		- at	
0	I4. FATHER'S NAME	rel Port		'S MAIDEN NAME	62 South Mai	n St.	
exomin 9		MIDDLE LAST	IS MOTHER	FIRST	MIDDLE &	LAS	ST
X .	George A	Atkinso	on	Agnes Ad	in UAC	KSON)
icol	160. WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL S	SECURITY NO. 17 INFORM	ANT	ADDRESS		
De 1	(YES, NO PRINKNOWN) IF YES, GIVE		E DEEC Mrs. J	· McGehe	e, Port Depos	it. Manus	land-
2	18. CAUSE OF DEATH (Enter on		D=UDDD I		9, 0,00	July Color	IMATE INTERVA
injury, or other	cause (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C	DUE 10, OR AS ACOUNTED	WD	O TO THE TERMIN	al disease or condition	GIVEN IN PART 1	01
no sou	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WE	HICH OPERATION WAS PERFO	DRMED		YES, WERE FINDING CAUSES	
8 s	21a. ACCIDENT WAS UNDERLYING	THOUSE A ALL MONTEN	21c. HOW II	JURY OCCURRED	ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)	
E 7	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR				
= /	THE STHER, NOTHY MEDICAL EXAMINER) 216. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f. LOCATI	ON			
0	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OF			CITY OR TOWN	COUNTY	STATE
rke	WHILE NOT WHILE AT WORK			~ ~	1		
E	22a.1 certify that (I) _A (this haspit	tol) ottended the deceased fr	am. 1/2/	19/9	, to	19/9	that (1) (we)
15	saw the deceased alive on,		19 a ond that in (my) (aur) apinion dec	ath occurred anythe date and	haur and fran the	causes state
6	above (I) (we (did) (did nor	I view the body after which.	DEGREE				
ž.	The side and the	011	The section of	ATTENDING N	MEDICAL STAFF	IZI. DATE	- Imo
	tou	whi	1 —	PHYSICIAN IX	DIRECTOR PHYSICIAN	3/13	1/19
J J	224 MYSIGIAN'S NAME THE CH	emosts /	22# ADDRE	is /	1		
8 /	/ g_L		1		011-1-11	10 AUG	
3	CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	Yun	CONTRACTOR OF THE PARTY OF THE	n Medica	l Clinic Hawre	e de grac	e, Md.
	236 MHENT CREMATION, REMOVAL	736 DATE	TH NAME OF CEMETERY OR	CREADERY	THE POCKTIFY	Acore A	TIATE.
	(Service)	144416/979	Hopwell	Constan	- BUT Valani	V. (ceil	MACE
	RE ELIMIEDAL DIDECTOR	1 1	-	The Parket	rea as of currentally and	Jename cold	Store Of

DHMH-16 60M 1/73 (VR A 15 (4))

retained by the haspital or offending physicion.

		FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
7	11-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG. 719 - 12427
	1. DE	CEASED NAME FIRST	MIDDLE / LAST / 20. D	DATE KNOWN DAY YEAR 20 HOUR
25488		FLOYD	(NMI) /ANCE DE	OF ESTI- EATH MATED 5 11 19 79 8 4 M
2 STR	3. SE)	A RACE S.D.	ONTH OAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PROL	DATE MONTH DAY YEAR 26 HOUR NOUNCED DEAD 5-1/10796/23
CCES VOICE CONTRACTOR		RTHPLACE (STATE OR 7b. C	() / / / / / / / / / / / / / / / / / / /	ALTIMORE CITY OF COUNTY OF DEATH
		REIGN COUNTRY	WIDOWED DIVORCED	HARFORD MD.
Y IS THE PILED 3301 V	10. CI			OCCUPATION (TYPE OF WORK 12b. KIND OF BUSHINESS OR INDUSTRY
DELA 3 TO N P.		L RESIDENCE (IF IN NURSING NOME OF OTH	ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	TRED MILITARY
LIF ANY DEL. 2. AND 3 TO 3. RETAIN P SHOULD BE LIFECORDS.	13e. S	ATEM) 136 COUNTY	FORD HAVE DECAME YES NO 126. STREET A	STOKES ISPACE, MI)
DRE, MD. 2 R DEATH. IF AGES 1. AGES 1. AND 2 SI OF VITAL 1	14. FA	THER'S NAME	DE LAST IS. MOTHER'S MAIDEN NAME	MIDDLE 1AST
RE, MD.	160 1	BURCHARD	PARCES? I 166 SOCIAL SECURITY NO. 117 INFORMANT A	(MMI) MOORE
BALTIMORE, URS AFTER DE B. GIVE PAGE WITH FORM T. PAGES 1 AN DIVISION OF	(YI	(AS DECEASED EVER IN U.S. ARMED IS. NO. OR UNKNOWN) (IEYES, GIVE WAR O	PORCES? 166. SOCIAL SECURITY NO. 117, INFORMANT CHARACTERS AND ST. CHA	ADDRESS 5 N. STOKES ST.
B. GIL		18. CAUSE OF DEATH (Enter only one		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST. ST.		PART I DEATH WAS CAUSED BY: IMMEDIATE CA	(DONARI HEADI	DISENSE BETWEEN ONSET AND DEATH
PRESTON VITHIN 24 CIL IN ITE INER ALOF ANSIT PER AL HYGIEI MOVAL.		7149	DUE TO, OR AS A CONSEQUENCE OF	
W. PREST D WITHIN ENCIL IN MINER TRANSIT		Conditions, if ony, which gave rise to immediate	(b) #S(V)	
ITE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		couse (o) stoting the <u>under</u> - lying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	
L RECORDS, 36 UUID BE EXECU "PENDING" IN "PE		PART 2 OTHER SIGNIFICANT CONDITIONS CONTR	(c)	
FALRECORDS HOULD BE EXI HOULD BE EXI NO. "PENDING HHER MEDICA USED AS A EOF HEALTH A IL, CREMATIO	TION	19a. DATE OF OPERATION	The condition to the condition of the co	
ITAL R SHOUL ORD 'P CHIEF OF HI (AL, CR	CERTIFICATION	176. DATE OF OPERATION	19% CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
WO WO	CERT	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	
ION C	MEDICAL	CONTRIBUTING CAUSE OF DEAT	H P.M. 19	
A A B A B A B A B A B A B A B A B A B A	WED	214. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.) 21f LOCATION STREET STREET CITY	OR TOWN COUNTY STATE
		22s. I certify that I took charge of t	he remains decribed obove, held on Autopsy . Inspection . In	quiry , and in my opinion
EXAMINER: CERTIFICATE ULU BE FOR WITH THE S		death resulted from: Notural co	0 //	ed manner,
CAL EXA THE CER SHOULD RAL DIR. RE, MARY		ACTUAL SKINATURE	TITLE (SPECIFY) M.D. MEDICAL	EXAMINER DATE SIGNED 5/11/79
WEDIG CUTE FUNE FR DE		EXAMINER'S NAME Ly SE	RENTEL M.D. ADDRESS 464 AlliA	NOEST HAVRE DECRACE
	23a. B	JRIAL, CREMATION, REMOVAL 23b. D.	CITY OR TO	ION COUNTY STATE
BP	24. FI	INERAL DIRECTOR	250. DATE REC'D. BY REG	
(VR A15 ME (5)) 15M 7/77		"Venning to	w Have do Gine, Md. MAY 14	1979 tirkry Malrody

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MARYLAND STATE DEPARTMENT OF HEALTH FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH, DEPT. Middle Joseph 2a. DATE KNOWN 1. DECEASED-NAME Month Dov Year 2b. HOUR ESTI-(Type or Print) OF -RANCIK ANDERWIE DEATH MATED at State Department 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 3. SEX 6. AGE (In years Male Doy 5 10 Year 50 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office alang with farm HARFOR) WIDOWED [DIVORCED Give Pages ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 24 haurs after death 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY BALTIMORE, Md. and 2 with the Tewsnaper works Newspaper 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. 13b. COUNTY admission) STATE 2504 YES AND Item] 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME Middle VanderWiele Jacob Wilma Hannay = Examiner's haurs Jessie 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Vanadoes Wie 301 W. PRESTON STREET, This certificate shauld be executed within (Yes, no or unknown) (If yes give war or dates of service) 217-20-68 File APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH event within ward "pending" i the Chief Medical permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF the ward stoting the underlying couse = e certificate, writing the shauld be farwarded ta DIVISION OF VITAL RECORDS, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o). removal, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? be used WAS PERFORMED? NO X YES 🗀 the certificate, 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21a. EXTERNAL CAUSE WAS 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Poge NOT WHILE AT WORK please execute 22a. I certify that I taok charge of the remains described obave, held an Autapsy , Inspection . Inquiry ond in my apinian MEDICAL Notural causes Accident Suicide director. death resulted from: Undetermined manner Homicide Health, prior to CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral DEPUTY MEDICAL EXAMINER **EXAMINER'S** 11 caucee ST. ADDRESS(Street, city, tawn, of county) 23d. LOCATION (City or Town) **BURIAL, CREMATION,** 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 0 (County) Burial (Specify) 14/1979 Dulaney Valley Gar. Cockeysville, Balto, Md. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) 16 M. G. Kurtz III DATE 10M - 1/69 Jarrettsville. Md.

S/Levis a number Talle, Gar. Look Creville, English, Cal. THE 2 IN COMPLETE HER CONTRACTOR STREET, STREE 13-12 ET

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5,2052

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	١-	REGISTRAR				CERTIF	ICATE OF DEA	ATH	R	EG. NO.	1 4	J 1		
		CEASED NAME	FIRST	٨	MIDDLE	l	AST		2a DATE OF DE		DAY	YEAR	2b. HOU	R
			ary		E.	Wa	lters			5	07	79	1:3	MgO
	3. SE)	Female		4 RACE	asian	S. DATE C	DAY	YEAR 91	6. AGE (IN YEARS)		MONTHS	DAYS	IF UNDER	
85	CC	RTHPLACE (STATE OR FO			U.S.A.		8 MARRIED NEVER MARRIED WIDOWED			ord Co	NTY OF D	EATH		MD.
90	10 CI	Bel Air,	Md.	II. NAME OF P	HOSPITAL, NURS HEACILITY, GIVE STRE ir Conva	ING HOME C LET ADDRESS) Lescer	or other institu		12a USUALOCO (TYPE OF WORK FOR • Denta]			KIND O DUSTRY	FBUSINE	
3.5	13a S	Maryland	13P CON	other institution, ity rford	GIVE RESIDENCE BEFO 13c. CITY OR TO Bel A	WN	100	0 🗆		RESS Oadway	Stre	et		
20		THER'S NAME FIRST Sheridan	~-	AIDOLE	Crawfo		15 MOTHER'S M FIRS Dora	t L	MI	DOLE	C	uppe		
1	16a W	VAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. AR/	MED FORCES? WAR OR DATES)	166 SOCIAL SEC		Mildred		anks 130	O Clay		, Hu	rth ngti	
9	CERTIFICATION	Conditions, if ony, gove rise to imm couse (ol, stotin underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT	nediate g the <u>last</u>	(c)		D DEATH BUT	TIE ON OT RELATED TO	THE TERMI	200 AUTOPSY	? 20b IF	GIVEN IN YES, WER	E FINDIN	IGS USED	H?
7	MEDICAL CERT	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEA ALEXAMINER)	P./	M, MONTH M.	19	21c. HOW INJUI	RY OCCURRE	ED (ENTER NATURE	OF INJURY IN ITEM		PART 2)	NO _	ATE
1		WHILE ADD WAT WOO AT WOOK AT WORK ON THE GEORGES ODD'S, (1) TO THE STATE OF THE STA	(this herout d olive on, hd) (did not	view the body	19_	'		ENDING	eoth occurred or MEDICAL DIRECTOR F	STAFF	2	S/7		7_
	23a. B	SURIAL, CREMATION, SPECIFY) Removal		23b. DATE May 7,			EMETERY OR CRE OTT F.H		23d. LOCATIO CITY OR TOV Irwin	VN ,	count	elan	d STA	Pa.
		ward K.	McCor	mas III	I, Abir	ngdon ,	Md.	MAY	REC'D. BY REGIS 1 0 197	9		SUNAT	JRE	

DHMH - 16 50M 1/76 (VR A 15 (4))

A Light of the Control of the Control of the on the party of the down to the Career, large tends to min , white a S DD P marell at Feet Life , about the St Englayer while are death con hast they form atoms claritic randisperse derana 1/2 //3 // // POTE / SA HILLENDING EIFE BEE ARRESTED

ATTENDING PHYSICIAN The low requires that the death certificate be executed within 24 hours

TO HOSPITAL

		Items 21a	21f. & 22a	STATE OF MARYLAND		
		1 - STATE Film/G5	32 6-14-79 DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	LE HYGIENE REG. NO.	9-12432
		I. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONT	
1 2		LIN	US WILLIAM	WIPPEL	5 -20-	79 625A M
2		3. SEX	4 RACE	S. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHOAY)	IF UNDER I YEAR IF UNDER 24 HRS
e ge		MALE	CAUC.	Aug. 28. 191		YRS.
- 12	6/	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIE	BALTIMORE CITY OR CO	DUNTY OF DEATH
	14	Indiana	USA	WIDOWED DIVORCE		MD.
	33	TO CITY OR TOWN OF DEATH	IF NOT IN SUCH FACILITY, GIVE STR		(TYPE OF WORK FOR MOST OF WOR	
6 5	000	USUAL RESIDENCE OF NURSING MON	ME OR OTHER INSTITUTION GIVE RESIDENCE BE		tal Salesman	unknown
filled fould b	(2)	Virginia L	OUNTY 136 CITY OR TO	OWN 134 INSIDE CITY LIM 1Ville YES 0 NO 5	Rt 1, Box	1-SD
etely 12 st		14 FATHER'S NAME FIRST	MIDOLE LAST	IS. MOTHER'S MAID	EN NAME MIDDLE	LAST
a ple	27	Samuel	F. Wippel	Elsie	_	eadinger
d co	3	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	. ARMED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRESS	
0 0	5			-3462 Muse & 1	Read Funeral H	ome, Leesburg Va
sicio pers vol.		18 CAUSE OF DEATH (Ente	er anly one cause per line for (a), (b),		· . b) . · · :	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
руу	200	PART I. DEATH WAS CA	DIATE CAUSE (a) DUNA	responsowy N	nonficiency	
ding	0110	> 8/50	DUE TO, OR AS A CONSEC	DUENCE OF	av o	
offer bye tion.	omono.	Conditions, if any, which	((b) Severy	ling controve	200	
by the some remo	outer in	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A COMBE	man brautines	riles chiet trai	ma
ned pleo	Ď.	PART 2 OTHER SIGNIFICAL	NT CONDITIONS CONTRIBUTING T	ONDEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR MONDITIC	ON GIVEN IN PART I(a)
n sig	2	3 Arti	rioschotie Hea	TO DISPARE . K	enal Failme	
bee mit	0	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		CH OPERATION WAS PERFORMED		LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
hos t per	6	THE STATE OF THE S			YES NO	YES NO
nonsice Cote	0/	210. ACCIDENT WAS UNDERLYING		DAY YEAR 21c. HOW INJURY C	OCCURRED (ENTER NATURE OF INJURY IN I	TEM 18, PART I OR PART 2)
	- T	OR CONTRIBUTING CAUSE OF	T DEATH	22 170 F@11 as1	een, ran into	JOY TIMENI
his c	5	(IF EITHER, NOTIFY MEDICAL EXAMI	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	21f LOCATION	CITY OR TOWN	COUNTY STATE
offer the hon	,	WHILE AT WORK AT WORK	Rt. 95 near	LE, I FRIDIT, ETC.)	-0 -1-	7.6
A A A A A A A A A A A A A A A A A A A	Ē	220.1 certify that (1) (this h	aspital) attended the deceased from	m 1/22 19	19 10 D/20	
pro for of H	7	saw the deceased alive above, (I) (we) (did),(di	e an	and that in (my) (aur) o	pinion death occurred on the date o	nd hour and from the causes stated
hos hed hed	E	226 SIGNATURE	1)	DEGREE		22c. DATE SIGNED
AL D detoc	<u></u>	Will	and 1/2 Umo	D MU ATTEND	ING MEDICAL STAFF	
NER be by	4	224 PHYSICIAN'S NAME (T)	YPE OR PRINT)	220 ADDRESS	10 11 11 01	1-11 th the
retained by TO FUNERA should be di		Millar	d & Amos	55 12404	Riegzan VVIIIE Ka	19112/D 11/ 5/104
₹ 6 E 2 3 3	5	230. BURIAL, CREMATION, REMOT	VAL 23b. DATE 2.	NAME OF CEMETERY OR CREMA	TORY 234. LOCATION	COUNTY STATE
BP		Removal	May 20 1979	Muse-Read F. F		- Loudoun - Va
DHMH-16 20	м	24 FUNERAL DIRECTOR	ACIORESS	2	MAY 99 1070	DIE A
(VRA 15, 4) 7	/78	Howard K. Mc(Comas III, Abi	ngdon, Md.	MAI 22 19/9	firstry Mc Cready

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